

COUNTY COUNCIL OF SALOP



ANNUAL REPORT

OF THE


County Medical Officer
of Health

1963



"Nursing Mirror" Photograph

Dancing is a popular feature of the evening's activities at meetings of the Psychiatric Social Club which are held in the Training Centre, Woodcote Way, Shrewsbury.



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Contents

	Page
Introduction	2
Health Committee and Sub-Committees	5
Staff	6
District Medical Officers of Health	8
Administration	9
Vital Statistics	9
Infectious Diseases	18
Venereal Diseases	19
<i>Local Health Services : National Health Service Acts, 1946—57 :</i>	
Section 22: Care of Mothers and Young Children	21
Nursing Staff and Services	28
Section 23: Midwifery	29
Section 24: Health Visiting	35
Section 25: Home Nursing	37
Section 26: Vaccination and Immunisation	40
Section 27: Ambulance Service	46
Section 28: Prevention of Illness, Care and After-Care	51
Section 29: Domestic Help	62
Mental Health Act, 1959	65
Registration of Nursing Homes	70
Nurseries and Child Minders Regulation Act, 1948	70
National Assistance Acts, 1948—59: Welfare Services	71
Inspection and Supervision of Foods	73
Sanitary Circumstances	79
<i>Statistical Tables :</i>	
I Population, acreage and density of population	98
II Births, deaths and infantile mortality	99
III Causes of death—Sanitary districts	100
IV Causes of death—Sex and age groups	101
V Notifiable infectious diseases	102
VI Nursing Districts—Work performed	103
VII Home Nursing cases—Analysis by sex and age groups	104
VIII Home Nursing—Analysis of completed cases	105
IX Child Welfare Centres	106
X Housing—Summary of answers to questionnaires	111
General Index	112

To the Chairman and Members of the Salop County Council

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Council's Health Department for the year 1963.

Statistics. Table 2 shows that the estimated mid-year population of Shropshire was 1,000 more than in 1962. Live births which were 5,156 in 1961, and 5,323 in 1962, totalled 5,571 in 1963, showing increases of 167 and 248 respectively on the preceding year's total; and the number of 5,571 live births in 1963 is the greatest ever recorded for Shropshire, even in the post-war bulge of 1947. This rising birth rate is important in considering our maternity services, midwifery, and the use of hospital beds for confinement.

The sharp rise in births and in requests for hospital confinement resulted in applications having to be refused by the Hospital Bed Bureau in the early part of the year; and these subjects were discussed at some length as between the Local Maternity Liaison Committee, the Local Medical Committee (of Practitioners) and the County Health Department. Measures then taken seem generally to have had good results, attributable in great measure to the outstanding help afforded by the Hospital Management Committee's officer in charge of the Bed Bureau, whose consistent and sterling co-operation is gratefully acknowledged.

With these remarkable increases, we may feel thankful that the Infant Deaths under one year were 98 compared with 136 in 1962, giving an Infantile Mortality Rate for Shropshire of 17 compared with 25. This rate of 17, and those for still-births, neonatal deaths and perinatal deaths are each the lowest ever recorded for Shropshire, which is encouraging in a year when births are more than ever before, and exceeded deaths by more than 2,000.

Some figures from the 1961 Census, set out for the first time, are of considerable interest.

A maternal death from eclampsia and anaemia, and a second from heart failure and post-partum haemorrhage, remind us of the commonest dangers. The toxæmia which leads to eclampsia is considered to be the biggest factor in the perinatal mortality of infants. If practitioners can persuade patients with toxæmic symptoms to accept and observe suitable treatment, with hospital accommodation available for those requiring it, then substantial improvements are to be expected. Unfortunately the patients themselves sometimes defeat their doctor's best efforts by their unwillingness to accept advice.

Among the Causes of Death on page 14, and by comparing the figures on page 15, it can be seen that in 1963 there were 25 deaths from accidents among young people in the 15—25 year-old age group. Of these, 19 were in connection with motor vehicles, representing a truly horrifying waste of promising young lives.

In 1963, between the ages of 45 and 55 there were 17, and between the ages of 55 and 65 there were 42 deaths from Lung Cancer, the total of 111 being the largest ever from this cause. This disease, deemed largely preventible, caused 1 in 19 of all male deaths.

Coronary disease and angina deaths were the highest in number ever recorded for Shropshire, 54 more than in 1962. Table 13 shows an increase of almost 50% in the last 10 years, but it is to be remembered that people live longer, and most deaths at advanced ages are ascribed to diseases of the heart and circulation.

Under Tuberculosis, the numbers of deaths from, and notifications of new cases of Pulmonary Tuberculosis are both bigger than in 1962. Of the 59 new cases of Respiratory Tuberculosis notified, 32 (19 males and 13 females) were under 45 years of age. Of these, 6 were in immigrants, and 4 were discovered as a result of routine skin testing in connection with the B.C.G. vaccination scheme. Practitioners have been reminded that immigrants and others can have chest X-rays at the various centres in the County frequently and regularly visited by the Regional Hospital Board's Mass Radiography Units from Wolverhampton and Stoke-on-Trent, to whose Medical Directors the County's thanks are due. B.C.G. vaccination is affording substantial protection to the young: while Mass Radiography has been extended to the County's accommodation for Old People.

There were no deaths from Dysentery, Whooping Cough, Scarlet Fever nor Food Poisoning, and no case of Poliomyelitis, Diphtheria nor Smallpox in 1963.

Venereal Diseases have increased, as is shown clearly on page 20, and notably in young people under 20. Of the new cases of Gonorrhoea, 22% of the males and 56% of the females attending for the first time were in the latter age group. The total numbers are not very large, but the proportionate increase and the high percentage of young people involved must be matters for serious concern. They can only come, as a recent B.M.A. report states, from sexual license, the relaxing of morals, and from promiscuity. Once again this is a preventible disease about which we have been trying to make available to young people some factual information in 1964.

Ambulance Service. The Report of the County Ambulance Officer recapitulates briefly some early history of this Service and notably draws attention to the good work carried out in the trying winter conditions of the early months of 1963, when in January and February 2,000 more patients, including 83 more accident cases, were carried 12,500 more miles than in the corresponding two months of 1962 in more normal circumstances. The Health Committee and Council were good enough to acknowledge publicly in their proceedings their appreciation of this good work by the Ambulance Staff.

Health Education. The paragraphs in the Report of Mr. Harris, Health Education Officer, on Accidents in the Home deserve study. His is a difficult task carried out with conscientious care and imagination and growing greatly in amount and importance.

In connection with the **Home Help Service**, Table 89 on page 64 shows how every figure in the columns set out has increased steadily and consistently since 1956, so that 92% of the hours worked were in 1963 devoted to the care of the elderly and chronic sick, emphasising the contribution of this Service to the comfort of these most deserving citizens. Nevertheless, Shropshire's expenditure on this Service is relatively low per thousand population compared with other similar counties.

Mental Health Service. The Senior Mental Welfare Officer begins his useful report on page 65. In the field of provision for the mentally disordered the formidable building programme and other enterprises set out are in contrast to the very small efforts obtaining until ten years ago. The Council and Department are fortunate in the high quality of the work done by their Mental Welfare Officers, and that the relationships maintained with the Hospital and Specialist Services for Mental Disorder could hardly be improved upon.

In the mental welfare field we are at present fortunate in having excellent staff. But the expansion and demands nationally are such that substantial numbers of our good staff accept well-deserved promotion elsewhere, and we shall be fortunate if we can continue indefinitely replacing those leaving with staff of calibre as good. Five hundred fewer mental hospital beds in Shropshire by 1975, accumulating numbers for adult training, and the increased longevity of severely sub-normal patients, are all factors which will greatly increase the demands for additional "community" and domiciliary mental welfare services, which it is the duty of the Local Health Authority to provide.

The reports on **Effluents from Sewage Works and Watercourses** in the County are published in Table 119 on pages 95—97. They are furnished by courtesy of the Severn River Board. Even allowing for the fact that they do not represent a cross section of all the effluents of the County, but may be in respect of samples taken from works under particular scrutiny or observation, they are not good. The reports speak for themselves; in total and in round figures, they show that of 66 samples 9 were good, 18 were nearly satisfactory, 32 were unsatisfactory and 7 were thoroughly bad.

Final Tables of Statistics. As usual I must recommend that those concerned will find study of the 'big' tables at the end of the Report of greatest interest. In Table II, too much must not be read into 'death rates' where the totals involved are small—in one small community with a higher infantile mortality rate two babies only died and the standard of care is probably unusually high.

Births, as stated, exceeded deaths in the County by no less than 2,000 in 1963, the details for each District being set out in Table II.

Table IV shows the horrifying mortality rate from **motor accidents in adolescents**, which has already been alluded to above, 19 dying between the ages of 15 and 25 from motor vehicle accidents, as contrasted with only 6 deaths in this age group from other accidents, and only 14 from all other causes. Truly this is our modern epidemic destroying young lives, the infamous successor to Bunyan's "Captain of the Men of Death". And like other epidemics, it is preventible too.

Table VI is of notable interest as it shows the case load of the District Nurse Midwives in terms of babies born and total visits paid. (Only in the Borough of Shrewsbury were *whole-time* Midwives and *whole-time* Nurses employed separately). Dividing total visits by 250 per nurse in 1963 gives a figure representing her average number of daily visits. Comparisons can then be made to see where loads are heaviest and additional help is needed: or where the possibility of rearranging working districts might be considered. This and the individual surveillance exercised by the Nursing Officers are necessary features in caring for our good staff of field workers, who in turn care for and represent the Council's services to the public.

At a time when considerable expansion and substantial upgradings of technical and some clerical staff in other Departments of the County Council have already taken place, some Health Department administrative and clerical officers, for whom no registrable professional or auxiliary qualification is suitable, and who yet consistently afford yeoman service to the public and to doctors in all branches of the Health Service, seem by comparison less appreciated. Men of a calibre who nowadays would gain honours degrees at universities, give their brains and services generously, but remain in graded categories which I often feel are far below their true worth.

To them, and to all the staff of the Health Department, I record my sincere thanks and appreciation: and also to the Chief Officers and staff of so many other Departments who have always given us cheerful and willing help.

The Council's interest in the work of the Department and their support of new developments and recognition of the service rendered by the staff are acknowledged with appreciation. For their encouragement and understanding in the many problems with which the Department is confronted I express my gratitude to the Chairman and Members of the Health Committee and Sub-Committees.

I have the honour to be, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

T. S. HALL,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY.

December, 1964.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at December, 1963)

HEALTH COMMITTEE

CHAIRMAN : COUNCILLOR R. J. S. PARRY-JONES, J.P.

VICE-CHAIRMAN : ALDERMAN DR. L. A. HAMAR

ALDERMEN :

BOYNE, DOWAGER THE VISCOUNTESS, C.B.E., J.P., LL.D., D.G.St.J.	HEYWOOD-LONSDALE, LT. COL. A., M.C., J.P., D.L. (Vice-Chairman of Council)
CROFT, E. H. (Deceased 23rd February, 1964)	STEVENTON, T. O.
FELL, W. M. W., M.Sc. (Chairman of Council)	THOMAS, E. B., J.P.
FORESTER, THE RT. HON. THE LORD, J.P., D.L.	WAKEMAN, CAPTAIN SIR OFFLEY, Bt., C.B.E., J.P., D.L.

COUNCILLORS :

ATTLEE, DR. W. O., J.P.	MCDONALD, L.
BEALE, REV. W. G., M.A.	MORRIS, MRS. E. L., J.P.
BEAVAN, A. F.	MORRIS, T. E.
CADMAN, L.	POWIS, D. O.
DAWSON, G. A.	RHAIADR-JONES, J. R.
HARRISON, MRS. E.	SMITH, C.
JONES, T.	STEPHENS, MRS. I. E.
JONES, T. H.	

CO-OPTED MEMBERS :

BECKETT, H. R.	} Nominated by Shrewsbury Borough Council
JELlicoe-WALL, H.	
RYLE, DR. J. C.	Nominated by Shrewsbury Local Medical Committee
CHOLMONDLEY, MRS. V. M., J.P.	Co-opted member of Health (Nursing) Sub-Committee
POOLER, DR. W. R. H.	Other Members
Vacancy	

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE

CHAIRMAN OF COUNCIL	MORRIS, T. E.
VICE-CHAIRMAN OF COUNCIL	PARRY-JONES, R. J. S. (Chairman)
ATTLEE, DR. W. O.	POOLER, DR. W. R. H.
BEALE, REV. W. G.	RHAIADR-JONES, J. R.
BOYNE, DOWAGER THE VISCOUNTESS	STEPHENS, MRS. I. E.
DAWSON, G. A.	STEVENSON, T. O.
HAMAR, DR. L. A.	THOMAS, E. B.
MORRIS, MRS. E. L.	Vacancy

HEALTH (NURSING) SUB-COMMITTEE

CHAIRMAN OF COUNCIL	<i>Co-opted Members :</i>
VICE-CHAIRMAN OF COUNCIL	BOROUGH, MRS. M. L.
ATTLEE, DR. W. O.	CHOLMONDLEY, MRS. V. M.
BOYNE, DOWAGER THE VISCOUNTESS	MCLEAN, MRS. G.
HAMAR, DR. L. A.	PURSLow, MRS. H. N.
HARRISON, MRS. E.	STEPHENS, MRS. I. E.
MORRIS, MRS. E. L. (Chairman)	WAKEMAN, MRS. P. L. A.
PARRY-JONES, R. J. S.	WOOD, Miss N.
POOLER, DR. W. R. H.	
POWIS, D. O.	
RYLE, DR. J. C.	
SMITH, C.	
STEVENTON, T. O.	
THOMAS, E. B.	

HEALTH (WATER) SUB-COMMITTEE

CHAIRMAN OF COUNCIL	JONES, T. H.
VICE-CHAIRMAN OF COUNCIL	MCDONALD, L.
CADMAN, L.	PARRY-JONES, R. J. S.
CROFT, E. H.	RHAIADR-JONES, J. R. (Chairman)
DAWSON G. A.	STEVENTON, T. O.
HAMAR, DR. L. A.	THOMAS, E. B.
JONES, T.	

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer and Principal School Medical Officer :

THOMAS S. HALL, M.B.E., T.D., M.D., B.Sc., B.Ch., D.Obst.R.C.O.G., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer :

*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer :

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.

Administrative Assistant Medical Officer :

ALICE N. O'BRIEN, M.B., Ch.B.

Assistant County, School and District Medical Officers :

ELIZABETH CAPPER, M.B., Ch.B., D.P.H.

CLEMENT B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H. (Resigned 4th March, 1963)

ALASTAIR C. MACKENZIE, M.D., Ch.B., D.P.H.

WILLIAM MOORE, M.B., B.A., B.A.O., D.Obst.R.C.O.G., D.T.M.H., D.P.H.

MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Assistant County and School Medical Officers :

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (Part-time)

AGNES, D. BARKER, M.B., Ch.B.

KENNETH CARTWRIGHT, M.B., Ch.B., D.P.H. (Appointed 22nd July, 1963)

KENNETH E. JONES, M.B., Ch.B.

LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland)

FLORA MACDONALD, M.B., B.S., D.P.H.

ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (Part-time)

Principal Dental Officer :

CHARLES D. CLARKE, L.D.S.

Dental Officers :

Whole-time :

GEOFFREY G. FIELD, B.D.S., L.D.S. (Appointed 29th April, 1963)

NOEL GLEAVE, L.D.S.

PETER HOWE, L.D.S.

SUSAN HUGHES, B.D.S., L.D.S.

GEORGE B. WESTWATER, L.D.S.

NORMAN WHITEHOUSE, B.Ch.D., L.D.S.

Part-time :

JOHN BULLOCK, B.D.S.

ROY DENVILLE JONES, L.D.S., R.F.P.S.

REGINALD H. N. OSMOND, L.D.S.

JEAN W. PATTISON, L.D.S.

Dental Technicians :

NORMAN J. RUSHWORTH

CLIVE EVERINGHAM

Dental Hygienist :

NANCY SMITH

Superintendent Nursing Officer, Superintendent Health Visitor and Non-Medical Supervisor of Midwives :

FRANCES M. ROGERS, S.R.N., S.C.M., Q.N., H.V.

Deputy Superintendent Nursing Officer :

RITA M. HUGHES, S.R.N., S.C.M., Q.N., H.V.

Assistant Superintendent Nursing Officers :

CONSTANCE M. GRIERSON, S.R.N., S.C.M., Q.N., H.V.

GLADYS M. WILLCOCKS, S.R.N., S.C.M., Q.N., H.V.

Senior Chiropodist :

ANNE CASSON, M.Ch.S., S.R.Ch. (Appointed 16th April, 1963; resigned 31st December, 1963)

ARTHUR R. MAXWELL, M.Ch.S. (Resigned 31st March, 1963)

CATHERINE W. SMITH, M.Ch.S., S.R.Ch. (Appointed 11th December, 1963)

WILLIAM G. SMITH, M.Ch.S., S.R.Ch. (Appointed 11th December, 1963)

Chief Clerk :

CYRIL PROPHET

*Also District Medical Officer of Health

County Public Health Inspector :
DAVID COUPS, Cert. R.S.I.

Assistant County Public Health Inspector :
GEORGE HALL, Cert. R.S.I.

County Ambulance Officer :
WALTER WALKER

Deputy County Ambulance Officer
FRED BROWN

Senior Speech Therapist :
EDWARD PAULETT, L.C.S.T.

Speech Therapists :
HELEN M. ALDRIDGE, L.C.S.T. (Part-time)
JILL BELLIS, L.C.S.T.
CHRISTINE BROWNLOW, L.C.S.T. (Resigned 31st July, 1963)
JENNIFER, A. HUGHES, L.C.S.T. (Resigned 31st March, 1963)

Tuberculosis Health Visitor :
ENID THOMAS, S.R.N., H.V.

Senior Mental Welfare Officer :
ERNEST A. R. WARD

Deputy Senior Mental Welfare Officer :
CHARLES T. FRANCIS

Mental Welfare Officers :
HAROLD W. CURETON, S.R.N., R.M.N., (Appointed 20th May, 1963)
IDRIS E. EVANS, R.M.N.
ALBERT E. KENT, S.R.N., R.M.N., (Resigned 31st March, 1963)
ANNE D. SMITH, S.R.N., R.M.N., (Appointed 4th June, 1963)
KATHLEEN G. TEAGUE

Psychiatric Social Workers :
KATHLEEN E. HUNT, B.A.
KENNETH WYCHERLEY, A.A.P.S.W.

Occupation Centre Supervisors :
MARY E. C. TYLER, Dip.N.A.M.H.
ETHEL E. WARD, S.R.N., S.C.M., H.V.

Consultant Children’s Psychiatrist :
BARBARA J. EVANS, M.D.(New York), M.B., B.S., M.R.C.S., L.R.C.P., D.P.M. (Part-time).

Officers employed by the Birmingham Regional Hospital Board and undertaking part-time duties on behalf of the County Council :

Consultant Chest Physician :
ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.

Chest Physician :
PHILIP E. PERCEVAL, M.B., B.Ch.

Consultant Orthodontists :
BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

LOCAL GOVERNMENT ACT, 1933—SECTION 111
Medical Officers of Health of County Districts

The table below shows the systems of “mixed appointments” and “combined districts” operating on 31st December, 1963. With the exception of North-East Salop United Districts, the whole of the County is covered by Medical Officers employed jointly by the District Councils and the County Council.

With the retirement in October, 1961, of Dr. W. A. M. Stewart as whole-time District Medical Officer to the North-East Salop United Districts, negotiations were opened with the Authorities concerned to bring into operation arrangements formulated by the County Council in 1957 under Section 111 of the Local Government Act, 1933, whereby they would be served by “mixed appointment” Medical Officers appointed jointly with the County Council.

These negotiations, however, failed to produce agreement upon a basis for “mixed appointments” acceptable to both sides. Three of the constituent Authorities elected to secede from the United Districts group and to join with the County Council in separate “mixed appointments.”

At the time of writing, the County Council and the District Councils named below have secured the appointment of “mixed appointment” Medical Officers as indicated :

Dawley Urban	Dr. K. Cartwright
Market Drayton Urban }	Dr. D. R. McCaully
Drayton Rural ..	

With the agreement of the Ministry of Health, the remaining five Authorities in the United Districts will appoint their own whole-time District Medical Officer.

Table 1 : District Medical Officers of Health

Medical Officer	Districts	Acreage	Population		
			Census 1961	Estimated Mid-1963	
<i>Mixed Appointments :</i>					
A. C. MACKENZIE, M.D., Ch.B., D.P.H.	Shrewsbury Borough ..	8,118	49,566	50,710	
W. MOORE, M.B., B.Ch., B.A.O., D.Obst. R.C.O.G., D.T.M.H., D.P.H.	Oswestry Borough ..	2,173	11,215	11,670 } 31,240	
	Oswestry Rural ..	61,524	18,598		19,570
C. B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H. (Resigned 4th March, 1963) S. SMITH, M.B., Ch.B., D.P.H. (Appointed 1st February, 1964)	Ellesmere Urban ..	1,220	2,261	2,320	31,460
	Wem Urban ..	903	2,606	2,630	
	Whitchurch Urban ..	6,053	7,165	7,160	
	Ellesmere Rural ..	48,253	7,037	7,630	
	Wem Rural ..	60,343	11,606	11,720	
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	7,552	8,150	36,760
	Wenlock Borough ..	22,657	14,935	15,020	
	Bridgnorth Rural ..	100,897	14,838	13,590	
W. HALL, M.B., Ch.B., M.R.C.S., L.R.C.P. D.Obst.R.C.O.G., D.P.H.	Bishop's Castle Borough	1,867	1,228	1,230	36,010
	Church Stretton Urban ..	6,198	2,707	2,810	
	Atcham Rural ..	134,490	22,304	23,290	
	Clun Rural ..	132,512	8,604	8,680	
	Ludlow Rural ..	112,823	13,258	13,450	
E. CAPPER, M.B., Ch.B., D.P.H.	Ludlow Borough ..	1,068	6,796	6,800	
<i>Whole-time :</i>					
<i>Vacant</i>	Dawley Urban ..	3,259	9,558	10,220	100,700
	Market Drayton Urban ..	1,216	5,859	6,000	
	Newport Urban ..	768	4,369	4,920	
	Oakengates Urban ..	2,396	12,163	12,780	
	Wellington Urban ..	2,281	13,654	15,120	
	Drayton Rural ..	54,058	9,384	9,990	
	Shifnal Rural ..	39,562	14,238	15,500	
	Wellington Rural ..	54,516	25,965	26,170	
TOTAL ..		861,800	297,466	307,130	

Annual Report for 1963

ADMINISTRATION

The work of the County Health Department is controlled by the Health Committee, certain powers being delegated to a number of Sub-Committees, the composition and duties of which are as indicated below :

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Chairmen of the Nursing and Water Sub-Committees	
Ten members of the Health Committee	

To deal with day-to-day matters of urgency connected with the administration of the Local Health Services, including matters relating to the Ambulance Service ; to advise the Health Committee as to the administration of the Mental Health Service; and to exercise the Council's powers under the Milk (Special Resignations) Regulations, 1960; and Sections 37—38 of the Food and Drugs Act, 1955 (Sale of designated milk by retail in specified areas).

HEALTH (NURSING) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Ten members of the Health Committee	
Seven co-opted members nominated by the Health Committee	

To advise the Health Committee on the administration of the Local Health Services for the care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of illness, care and after-care; domestic help; registration of Nurseries and Child Minders; supervision of midwives; registration of nursing homes and nurses' agencies; and investigations under the Midwives' Acts.

(This is also the Care Committee under the Council's scheme for the care and after-care of tuberculous patients).

HEALTH (WATER) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Nine members of the Health Committee	

To consider the reports of the Council's consultant upon water supply and sewerage; to advise the Health Committee upon the exercise of their functions in relation to water supplies and sewerage and, in particular, as to the making of grants under the Local Government Act, 1958, and the Rural Water Supplies and Sewerage Acts, 1944—1955, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945—1948.

National Assistance Acts, 1948—1959 :

Administration under these Acts is the responsibility of the Welfare Committee of the County Council.

VITAL STATISTICS

Area of Administrative County (acres)	..	..	..	..	861,800
Rateable Value (at 1st April, 1963)	..	..	..	..	£9,515,866
Estimated product of 1d. rate (at 1st April, 1963)	..	..	..	..	£39,593

Table 2 : General Statistics

	Urban Districts	Rural Districts	County
POPULATION :			
Estimated population (mid-1963)	157,540	149,590	307,130
BIRTHS :			
Live Births	2,882	2,689	5,571
Rate per 1,000 population	18.29	17.98	18.14
Illegitimate live births	150	125	275
Percentage of total live births	5.2%	4.6%	4.9%
Stillbirths	59	40	99
Rate per 1,000 live and still births	20.1	14.7	17.5
Total live and still births	2,941	2,729	5,670
INFANT DEATHS :			
Deaths under one year	45	53	98
Mortality rates :			
All infants per 1,000 live births	15.6	19.7	17.6
Legitimate infants per 1,000 legitimate live births	15.7	19.1	17.4
Illegitimate infants per 1,000 illegitimate live births	13.3	32.0	21.8
Deaths under four weeks	33	37	70
Neo-natal mortality rate per 1,000 live births	11.5	13.8	12.6
Deaths under one week	28	31	59
Early neo-natal mortality rate per 1,000 live births	9.7	11.5	10.6
Deaths under one week and stillbirths	87	71	158
Perinatal mortality rate per 1,000 live and still births	29.6	26.0	27.9
MATERNAL DEATHS :			
Deaths (including abortion)	—	2	2
Rate per 1,000 live and still births	—	0.73	0.35
DEATHS :			
Total deaths from all causes	1,983	1,557	3,540
Rate per 1,000 population	12.59	10.41	11.53

Population.—The Registrar-General's estimate for mid-1963 of the County population, inclusive of members of the Armed Forces, was 307,130, and this figure is used for the calculation of birth and mortality rates—referred to as the 'crude' rates.

The distribution of the Population throughout the County is shown in Table I on page 98, which shows that 157,540 persons were resident in the urban areas and 149,590 in the rural areas. The growth of population in comparison with the Census years is shown in the table below :

Table 3 : Population

	1931 Census		1951 Census		1961 Census		Mid-1963	
	Persons	%	Persons	%	Persons	%	Persons	%
Urban Districts ..	121,665	49.8	139,570	48.2	151,634	51.0	157,540	51.3
Rural Districts ..	122,491	50.2	150,232	51.8	145,832	49.0	149,590	48.7
County ..	244,156	100	289,802	100	297,466	100	307,130	100

The County population as a whole increased by 980 compared with the previous year. Excess of births over deaths gave a natural increase of 2,031.

The density of population remained at 0.36 persons per acre, with 2.51 persons per acre in urban areas and 0.19 in rural areas. The most sparsely populated districts were Church Stretton (0.45) in urban areas and Clun (0.07) in the rural areas. Wellington Urban (6.63) and Wellington Rural (0.48) were the heaviest populated in urban and rural districts respectively.

Census 1961.—Appropriate extracts in respect of Shropshire are given below from the 1961 Census County Report of the General Register Office :

Population : The total population enumerated in Shropshire as at midnight, 23rd/24th April, 1961, was 297,466. This represents a nett gain since the previous Census in 1951 of 7,664 persons—an increase of 0.26 per cent per year.

In urban areas, the greatest gains in population were in Shrewsbury M.B. (+4,647) and Wellington U. (+2,238).

In rural areas, only three districts gained in population—Wellington R. (+2,444), Atcham R. (+1,039) and Shifnal R. (+690). The largest losses were in Oswestry R. (—2,148) and Ellesmere R. (—1,564) due in both areas to reduced numbers in defence establishments.

Dwellings, rooms and private households : The dwellings occupied by private households or vacant at the time of the Census numbered 93,029—an increase of 19.3 per cent since the previous Census. Of these, 3,200 were wholly vacant.

There were 90,444 private households—an increase of 14.2 per cent since 1951. Of these, 88,896 had a member present at Census time and 962 (1.1 per cent) were sharing a dwelling with others. Of the 88,896 households, 37.1 per cent were owner-occupiers, 47.5 per cent rented their accommodation, 11.3 per cent were accommodated by virtue of their employment and 4.1 per cent rented their accommodation in conjunction with farm, shop or other business premises. Over half of the 47.5 per cent renting accommodation did so from local housing authorities.

In 1961, 2.2 per cent of all households in Shropshire were living at a density of more than 1½ persons per room, compared with 5.7 per cent in the same category in 1951.

Household arrangements : Of all private households, 65.8 per cent had exclusive use of cold water tap, hot water tap, fixed bath and watercloset. There were 7,853 households (8.8 per cent) without the use of a cold water tap—24.2 per cent in 1951.

Households without a hot water tap numbered 24,942 or 28.1 per cent.

Households without a fixed bath totalled 24,375 or 27.4 per cent.

Households without a watercloset in the building numbered 18,218 or 20.5 per cent.

Non-private households and institutions : Of the total enumerated population of 297,466, the number of persons living in hotels, boarding houses, institutions, etc., was 15,045 (5.1 per cent). Defence establishments accounted for 6,325 persons (2.13 per cent), hotels for 1,512 (0.51 per cent), N.H.S. and other hospitals for 3,512 (1.18 per cent), homes for the old and disabled 616 (0.21 per cent) and children’s homes for 300 (0.10 per cent).

Birthplace and nationality : Of the total population of Shropshire, 288,513 persons (97.0 per cent) were born in England, Wales, Scotland or Northern Ireland.

Persons born in Colonies, Protectorates and Commonwealth Countries totalled 2,116 (0.7 per cent).

Sex, age and marital condition : Of the total population, 149,189 were males and 148,277 were females, giving a sex ratio of 994 females —1,067 in England and Wales—per 1,000 males.

In age groups, 34,140 persons were 65 years or over, representing 11.5 per cent of the County’s population, compared with 11.9 per cent for England and Wales.

Under fives totalled 23,158—7.8 per cent which is the same as for England and Wales. In the 15—24 group, there were 44,363 persons or 14.9 per cent, compared with 13.2 per cent for England and Wales. Persons between 35 and 64 represented 37.5 per cent of the County’s population, compared with 39.3 in the same group nationally.

Among men aged 15 and over, 65.3 per cent were married, compared with 58.6 per cent in 1951. Among women in the same age group 64.2 per cent were married. In the 15—19 age groups 98 males and 668 females were married, representing 0.13 and 0.91 per cent of married males and females respectively.

Births.—The live births registered in and appertaining to this County in 1963 numbered 5,571, an increase of 248 compared with the previous year and the highest number so far recorded for Shropshire, exceeding even the post-war ‘bulge’ of 5,538 in 1947.

The birth rate per 1,000 of population was 18.14 for the County as a whole. Adjusting this to allow for distribution of the population by sex and age gives a standardised rate of 18.68, compared with the provisional rate of 18.2 for England and Wales.

Of the 5,571 live births, 5,296 were legitimate and 275 illegitimate. This latter figure is 17 more than in 1962 and represents 4.9 per cent of the total births (an increase of 0.05 per cent) giving an illegitimacy rate of 49 per 1,000 live births compared with 69 for England and Wales.

The births and birth rates for each Sanitary District of the County are shown in Table II on page 99.

Stillbirths.—In 1963 there were 99 stillbirths, giving a rate of 17.5 per 1,000 live and still births, as against 19.3 for the previous year. While this is the best rate so far recorded, it is still slightly above that for England and Wales of 17.2.

The table below shows the stillbirth rates for Shropshire during the past decade.

Table 4 : Stillbirth Rates

Year	Stillbirths	Live Births	Total	Rate per 1,000 Live and Stillbirths
1954	118	4,488	4,606	25.62
1955	107	4,398	4,505	23.75
1956	114	4,424	4,538	25.12
1957	101	4,528	4,629	21.82
1958	109	4,686	4,795	22.73
1959	110	4,782	4,892	22.49
1960	118	4,897	5,015	23.53
1961	112	5,156	5,268	21.26
1962	105	5,323	5,428	19.34
1963	99	5,571	5,670	17.5

Illegitimate stillbirths numbered 7, giving a rate of 24.8 per 1,000 illegitimate live and still births.

Infantile Mortality.—Deaths registered in 1963 of infants who died before reaching one year of age numbered 98—a decrease of 38 compared with 1962.

The infant mortality rate per 1,000 live births was 17.6, compared with 21.1 for England and Wales. It is pleasing to record this as the lowest rate for Shropshire at a time when the births are highest.

Infant mortality rates for the past decade are compared below with those for England and Wales.

Table 5 : Infant Mortality Rates

Year	Live births	Deaths	Rate per 1,000 live births	
			Shropshire	Eng'and and Wales
1954	4,488	110	24.51	25
1955	4,398	111	25.23	25
1956	4,424	120	27.12	24
1957	4,528	118	26.06	23
1958	4,686	90	19.21	23
1959	4,782	96	20.08	22
1960	4,897	95	19.40	22
1961	5,156	114	22.11	21
1962	5,323	136	25.55	21
1963	5,571	98	17.6	21

Deaths of illegitimate infants numbered 6 and 4 of these were in rural districts, giving a rate of 32 per 1,000 illegitimate live births, as against 21.8 for the County.

Below are given the causes of infant deaths registered in 1963, with comparative figures for the previous year :

Table 6 : Deaths of Infants under one year

Cause of death	Under 4 wks.		4 wks—1 yr.		Total			
	M	F	M	F	1963		1962	
					M	F	M	F
Other defined and ill-defined diseases (incl. prematurity)	22	28	2	4	24	32	41	32
Congenital malformations	11	7	—	5	11	12	13	20
Pneumonia	1	—	7	3	8	3	11	8
Accidents (other than motor vehicle)	—	1	2	—	2	1	2	3
Gastritis, enteritis and diarrhoea	—	—	—	1	—	1	2	1
Other infectious and parasitic diseases	—	—	—	1	—	1	—	—
Diseases of the circulatory system (other than heart disease)	—	—	1	—	1	—	—	—
Bronchitis	—	—	1	—	1	—	1	—
Other respiratory diseases	—	—	1	—	1	—	—	—
Nephritis and nephrosis	—	—	—	—	—	—	1	—
Whooping Cough	—	—	—	—	—	—	—	1
TOTAL ..	34	36	14	14	48	50	71	65

As will be seen from the table below, 70 of the 98 infant deaths during 1963 (or 71.4 per cent) occurred in the first month of life. No less than 58 of these were regarded as “premature”, being 5½lb. or less in weight at birth. Further particulars regarding these premature infants are to be found in the section of this Report dealing with “Care of Mothers and Young Children” commencing on page 21, which includes a table showing the relationship between the birth weights of premature infants and their prospects of survival.

Table 7 : Infant Deaths—Age Groups

Age Groups	1960		1961		1962		1963	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%
Under one week ..	67	70.5	69	60.5	78	57.35	59	60.2
1—4 weeks	5	5.3	13	11.4	10	7.35	11	11.2
1—12 months ..	23	24.2	32	28.1	48	35.30	28	28.6
TOTAL ..	95	100	114	100	136	100	98	100

Neo-natal deaths.—Despite progress in reducing the infant mortality rate in this County, which has been more than halved in the past twenty years, roughly 70 per cent of infant deaths continue to occur in the first month after birth. This is the neo-natal rate and for 1963 was 12.6 per 1,000 live births, compared with 14.2 for England and Wales, and is the best rate so far recorded for Shropshire.

Table 8 : Neo-Natal Mortality Rates

Year	Deaths in first month	% of deaths under one year	Rate per 1,000 live births	
			Shropshire	England and Wales
1954	84	76.4	18.72	17.7
1955	77	69.4	17.51	17.3
1956	84	70.0	18.99	16.9
1957	87	73.7	19.21	16.5
1958	64	71.1	13.66	16.2
1959	74	77.1	15.47	15.8
1960	72	75.8	14.70	15.6
1961	82	71.9	15.90	15.5
1962	88	64.7	16.53	15.1
1963	70	71.4	12.6	14.2

Perinatal Mortality.—Perinatal deaths are those occurring near to birth and perinatal mortality is, therefore, based upon deaths under one week and stillbirths.

In 1963, deaths under one week and stillbirths totalled 158, giving a mortality rate of 28 per 1,000 live and still births, compared with 34 in the previous year, and a provisional rate for England and Wales of 29.3 for 1963.

Table 9 : Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and still births	
				Shropshire	England and Wales
1958	56	108	164	34	35
1959	63	110	173	36	34
1960	67	118	185	37	33
1961	69	112	181	34	32
1962	78	105	183	34	31
1963	59	99	158	28	29.3

Maternal Mortality.—Two deaths of Shropshire patients registered in 1963 were attributed directly or indirectly to pregnancy, giving a rate of 0.35 per 1,000 live and still births, compared with 0.28 for England and Wales.

Causes of death were as indicated below :

<i>Age</i>	<i>Parity</i>	<i>Place of confinement</i>	<i>Cause</i>
20 years	1st	Hospital	1(a) Eclampsia (b) Pregnancy
			2 Anaemia
47 years	4th	Nursing Home	1(a) Post partum haemorrhage
			2 Cardiac hypertrophy

The following table compares the maternal mortality rates for Shropshire with those for England and Wales over the past ten years :

Table 10 : Maternal Mortality

Year	Deaths	Rate per 1,000 live and still births	
		Shropshire	England and Wales
1954	3	0.65	0.69
1955	4	0.88	0.64
1956	3	0.66	0.56
1957	1	0.22	0.47
1958	2	0.42	0.43
1959	—	—	0.38
1960	6	1.20	0.39
1961	4	0.76	0.33
1962	1	0.18	0.35
1963	2	0.35	0.28

Deaths.—The number of deaths registered in 1963 as appertaining to Shropshire was 3,540—an increase of 55 compared with the previous year. Male and female deaths were 1,877 and 1,663 respectively.

The death rate per 1,000 population was 11.53 for the County as a whole, and the standardised rate 11.99, compared with 12.2 for England and Wales.

Table 11 below shows the standardised death rates for Shropshire for the past three years, with comparable rates for England and Wales.

Table 11 : Standardised Death rates

	1961	1962	1963
Urban Districts ..	11.94	12.12	12.21
Rural Districts ..	11.28	11.04	11.56
Shropshire ..	11.66	11.72	11.99
England and Wales ..	12.00	11.90	12.20

Full information with regard to deaths registered in 1963 showing cause, sex and age groups in the Sanitary Districts of the County is given in Tables III and IV on pages 100 and 101.

Table 12 : Principal Causes of Death

Cause of Death	1963			1962			1961		
	Deaths	Rate per 1,000 population	% of total deaths	Deaths	Rate of 1,000 population	% of total deaths	Deaths	Rate per 1,000 population	% of total deaths
Heart disease	1,242	4.06	35.08	1,141	3.73	32.74	1,153	3.82	33.10
Cancer (including Leukaemia) ..	580	1.89	16.38	612	2.00	17.56	557	1.84	15.99
Vascular lesions of nervous system	562	1.83	15.87	561	1.83	16.10	564	1.87	16.19
Bronchitis	175	0.57	4.94	162	0.53	4.65	126	0.42	3.62
Pneumonia	153	0.50	4.32	177	0.58	5.08	142	0.47	4.08
Diseases of the circulatory system (other than heart disease) ..	140	0.46	3.95	124	0.40	3.56	145	0.48	4.16
Accidents (other than motor vehicle)	70	0.23	1.98	73	0.24	2.09	69	0.23	1.98
Motor vehicle accidents	48	0.16	1.36	47	0.15	1.35	50	0.17	1.44
Ulcer of stomach and duodenum ..	43	0.14	1.21	16	0.05	0.46	27	0.09	0.78
Congenital malformations	36	0.12	1.02	48	0.16	1.38	46	0.15	1.32
Suicide	32	0.10	0.91	17	0.06	0.49	39	0.13	1.12
Nephritis and nephrosis	27	0.09	0.76	21	0.07	0.60	24	0.08	0.69
Other diseases of respiratory system (excluding Tuberculosis) ..	24	0.08	0.68	28	0.09	0.80	36	0.12	1.03
Diabetes	21	0.05	0.59	25	0.08	0.72	18	0.06	0.52
TOTAL ..	3,153	10.27	89.07	3,052	9.97	87.58	2,996	9.93	86.02

Table 12 above shows the principal causes of death for 1963, with comparative figures for the two preceding years. In total, deaths were 55 more than in 1962, with increased mortality from coronary disease and angina (54 more), hypertension with heart disease (17 more), ulcer of the stomach and duodenum (27 more), and other heart disease (30 more). Deaths from accidents, both on the roads and elsewhere, maintained their customary high levels.

Deaths from cancer generally dropped by 32 and from pneumonia by 24.

Coronary disease and angina.—Deaths from heart disease, which include coronary disease and angina, hypertension with heart disease and other cardiac conditions, increased by 101, coronary disease and angina being responsible for 621 deaths (54 more than in 1962). This is the highest mortality so far recorded from this disease and Table 13 below shows an increase of almost 50 per cent over the past ten years.

Table 13 : Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
1954	293	147	440	1.48
1955	285	153	438	1.47
1956	279	140	419	1.41
1957	282	144	426	1.43
1958	343	172	515	1.73
1959	339	195	534	1.78
1960	344	190	534	1.77
1961	372	226	598	1.98
1962	353	214	567	1.85
1963	410	211	621	2.02

Respiratory diseases.—Respiratory diseases caused fewer deaths in 1963, pneumonia deaths at 153 being 24 less than in the previous year, influenza at 11 being 6 less, but deaths from bronchitis at 175 increasing by 13.

Age groups.—The table below shows the percentage of deaths according to age groups and, by comparison with figures for 1933, shows the extent to which mortality below 65 years has decreased.

Table 14: Deaths by Age Groups

Year	Percentage of total deaths										
	Under 4 weeks	4 weeks—under 1 yr.	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over
1963	1.98	0.79	0.51	0.45	1.10	1.21	2.23	6.24	15.25	25.72	44.51
	2.77					3.44		21.49			
1962	3.90		0.66	0.75	1.12	3.16		20.72		24.99	44.70
1961	3.27		0.55	0.80	0.92	3.02		20.79		26.18	44.47
1960	2.93		0.62	0.59	1.02	3.43		22.24		25.05	44.12
1959	2.88		0.48	0.42	0.93	3.27		21.63		24.86	45.53
1958	2.70		0.45	0.48	1.05	3.15		22.17		24.21	45.82
1957	3.73		0.66	0.41	0.79	3.54		22.36		23.55	45.06
1956	3.66		0.40	0.76	1.31	3.63		19.94		25.37	44.93
1955	3.35		0.45	0.57	1.09	3.98		21.08		25.36	44.12
1954	3.21		0.47	0.67	1.37	4.26		20.32		25.42	44.28
1933	6.16		2.10	1.97	2.88	3.88	4.78	8.50	15.16	23.75	30.84

Increased mortality is shown in 1963 in persons between 25 and 65 years of age. The biggest decrease is shown in infants under one year.

Significant amongst the younger age groups (5 to 35 years) is the mortality from accidents—both on the roads and elsewhere. Attention is drawn to the main causes in each group, but of 98 deaths in the age group mentioned, no less than 47 (almost half) were caused by accidents—31 involving motor vehicles and 16 at work or at home.

In the 5—15 group, 6 out of 16 deaths were caused by accidents—3 involving motor vehicles and 3 otherwise.

In the 15—25 group, 25 out of 39 deaths were due to accidents—19 on the roads and 6 otherwise.

In the 25—35 group, there were 43 deaths. Of these, one was due to lung cancer, 9 to motor vehicle accidents, 7 to other accidents and 6 to suicide.

In the 35—45 group, there were 2 deaths from lung cancer, 7 from coronary disease and angina, 3 from motor vehicle accidents, 3 from other accidents and 5 from suicide.

In the 45—55 group, there were 17 deaths from cancer of the lung (14 males and 3 females), 51 from coronary disease and angina and 9 from suicide.

In the 55—65 group, there were 42 deaths from lung cancer (37 males and 5 females) and 118 from coronary disease and angina (97 males and 21 females).

Tuberculosis.—During the year 18 deaths were registered from Respiratory Tuberculosis—12 more than in 1962—giving a mortality rate of 0.059 per 1,000 of population.

There was in addition one death from Non-respiratory Tuberculosis—one less than in 1962—giving a death rate of 0.003.

For both forms of the disease, the death rate was 0.062, compared with 0.063 for England and Wales. For respiratory tuberculosis, the County rate exceeded the national rate by 0.003.

The table following shows the notification and death rates per 1,000 of population in this County from 1924 onwards.

Table 15 : Tuberculosis—Respiratory and Non-Respiratory. Notification and Death Rates

Year	RESPIRATORY				NON-RESPIRATORY			
	New cases	Deaths	Rate per 1,000 population		New cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
1924	287	144	1.16	0.58	121	42	0.49	0.17
1925	243	138	0.99	0.56	111	36	0.45	0.15
1926	208	136	0.86	0.56	117	34	0.48	0.14
1927	191	129	0.66	0.53	131	44	0.54	0.18
1928	162	126	0.87	0.52	129	41	0.53	0.17
1929	214	147	0.79	0.60	138	33	0.57	0.14
1930	194	106	0.76	0.44	119	34	0.49	0.14
1931	184	155	0.86	0.64	102	37	0.42	0.15
1932	163	126	0.67	0.52	108	34	0.44	0.14
1933	152	125	0.62	0.50	103	33	0.42	0.14
1934	180	114	0.74	0.47	93	29	0.38	0.12
1935	182	124	0.75	0.51	95	27	0.39	0.11
1936	169	95	0.70	0.39	118	23	0.49	0.09
1937	158	97	0.66	0.40	111	39	0.46	0.16
1938	164	71	0.68	0.29	114	20	0.47	1.08
1939	156	91	0.62	0.36	101	30	0.40	0.11
1940	133	76	0.52	0.29	102	27	0.40	0.12
1941	197	93	0.72	0.34	139	31	0.50	0.10
1942	185	82	0.69	0.31	140	32	0.52	0.12
1943	193	113	0.74	0.43	132	27	0.51	0.10
1944	104	91	0.40	0.35	86	17	0.33	0.07
1945	143	88	0.56	0.34	102	31	0.32	0.12
1946	106	65	0.40	0.25	64	21	0.49	0.08
1947	141	87	0.53	0.33	67	24	0.25	0.09
1948	89	81	0.33	0.30	62	14	0.23	0.05
1949	127	100	0.47	0.37	79	17	0.29	0.06
1950	151	66	0.52	0.23	77	10	0.27	0.03
1951	109	53	0.37	0.18	47	10	0.16	0.03
1952	106	37	0.39	0.13	44	9	0.15	0.03
1953	136	32	0.45	0.107	27	8	0.09	0.017
1954	144	46	0.48	0.154	27	5	0.09	0.017
1955	153	25	0.51	0.084	32	5	0.11	0.016
1956	109	14	0.36	0.047	47	3	0.16	0.010
1957	110	13	0.37	0.044	39	3	0.13	0.010
1958	105	8	0.35	0.027	34	1	0.11	0.003
1959	81	17	0.27	0.057	18	1	0.06	0.003
1960	93	8	0.31	0.026	32	1	0.11	0.003
1961	73	13	0.24	0.043	19	1	0.06	0.003
1962	48	6	0.16	0.020	14	2	0.05	0.006
1963	59	18	0.19	0.059	19	1	0.06	0.003

Further information concerning Tuberculosis is given in the Sections of this Report dealing with "Infectious Diseases" on page 18 and "Prevention of Illness, Care and After-Care" on page 51.

Cancer.—Deaths from cancer during 1963 numbered 580—a decrease of 32 compared with the previous year. The death-rate per 1,000 of population was 1.89, which was 0.11 less than the rate for 1962.

Table 16 : Deaths from Cancer

Age Groups			1960			1961			1962			1963		
			M	F	T	M	F	T	M	F	T	M	F	T
Under 15 years	..	..	8	4	12	5	4	9	2	5	7	1	2	3
15 to 45 years	..	..	17	19	36	13	16	29	13	16	29	17	10	27
45 to 65 years	..	..	109	89	198	104	89	193	117	94	211	126	87	213
Over 65 years	..	..	150	144	294	187	139	326	192	173	365	191	146	337
TOTAL	..		284	256	540	309	248	557	324	288	612	335	245	580

The table below lists the deaths from cancer since 1954, according to the location of the disease :

Table 17 : Cancer Deaths—Sites

Year	Malignant neoplasm															Leukaemia, aleukaemia			Total		
	Stomach			Lung, br'chus			Breast			Uterus			Other								
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1954	40	36	76	58	6	64	—	42	42	—	25	25	166	146	312	9	4	13	273	259	532
1955	43	37	80	69	9	78	—	51	51	—	17	17	157	158	315	5	4	9	274	276	550
1956	38	29	67	64	11	75	—	48	48	—	26	26	159	135	294	8	8	16	269	257	526
1957	45	36	81	83	4	87	—	50	50	—	24	24	118	145	263	6	5	11	252	264	516
1958	48	29	77	74	7	81	—	59	59	—	19	19	150	117	267	8	2	10	280	233	513
1959	35	33	68	73	8	81	—	51	51	—	28	28	182	130	312	8	4	12	298	254	552
1960	53	23	76	69	9	78	—	58	58	—	24	24	155	136	291	7	6	13	284	256	540
1961	53	26	79	90	12	102	—	46	46	—	18	18	152	133	285	14	13	27	309	248	557
1962	39	36	75	93	16	109	2	51	53	—	28	28	184	143	327	6	14	20	324	288	612
1963	53	32	85	97	14	111	—	44	44	—	22	22	174	127	301	11	6	17	335	245	580

In total, deaths from cancer in 1963 were lower than in the previous year by 32. There was reduced mortality from cancer of the breast (9 less), uterus (6 less) and leukaemia (3 less). Deaths from lung cancer, however, were the highest ever at 111—2 more than in 1962—and from cancer of the stomach numbered 85 (10 more).

Cancer of the Lung.—Of the 111 deaths from cancer of the lung and bronchus, 51 occurred in males in the 45 to 65 age group, and in urban and rural areas represented 1 in 12 and 1 in 8 respectively of the male deaths in that group.

The first table following compares the death rates from lung cancer per 1,000 of population for England and Wales with those for urban and rural areas and the County as a whole. Table 19 shows the ratios of male and female deaths from this disease to total deaths from all causes.

Table 18 : Lung Cancer—Mortality Rates per 1,000 Population

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
1954	0.223	0.207	0.215	0.369
1955	0.307	0.221	0.262	0.389
1956	0.327	0.181	0.252	0.407
1957	0.380	0.209	0.292	0.426
1958	0.371	0.176	0.271	0.439
1959	0.291	0.248	0.270	0.464
1960	0.335	0.183	0.258	0.481
1961	0.459	0.214	0.338	0.494
1962	0.421	0.290	0.356	0.510
1963	0.381	0.341	0.361	0.519

Table 19 : Ratio of Lung Cancer Deaths to All Deaths in Shropshire

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
1954	1 : 32	1 : 873	1 : 31	1 : 148	1 : 31	1 : 269
1955	1 : 25	1 : 147	1 : 26	1 : 127	1 : 25	1 : 174
1956	1 : 23	1 : 142	1 : 34	1 : 142	1 : 27	1 : 142
1957	1 : 18	1 : 409	1 : 25	1 : 334	1 : 20	1 : 371
1958	1 : 20	1 : 148	1 : 31	1 : 709	1 : 24	1 : 228
1959	1 : 24	1 : 227	1 : 25	1 : 165	1 : 24	1 : 196
1960	1 : 21	1 : 151	1 : 32	1 : 216	1 : 25	1 : 173
1961	1 : 15	1 : 138	1 : 31	1 : 142	1 : 20	1 : 140
1962	1 : 18	1 : 87	1 : 21	1 : 143	1 : 19	1 : 105
1963	1 : 19	1 : 138	1 : 20	1 : 99	1 : 19	1 : 119

Leukaemia.—Deaths from Leukaemia and Aleukaemia (a disease of the blood-forming organs characterised by uncontrolled increase of the white blood cells) numbered 17 in 1963. This is 3 less than in the previous year, but higher than the average of 15 per annum for the past decade.

General.—The following tables summarise and compare the vital statistics referred to in this section of the Report.

Table 20 : Birth Rates, Death Rates and Analysis of Mortality

							<i>Shropshire</i>	<i>England & Wales</i>
Live births—rate per 1,000 population							(a) 18.14	18.2
							(b) 18.68	
Stillbirths—rate per 1,000 live and still births							17.5	17.2
Deaths per 1,000 population—all causes							(a) 11.53	12.2
							(b) 11.99	
—respiratory tuberculosis							0.059	0.056
—non-respiratory tuberculosis							0.003	0.007
—cancer of lung and bronchus							0.361	0.519
—other malignant neoplasms							1.53	1.658
Maternal deaths—per 1,000 live and still births							0.35	0.28
Infant deaths per 1,000 live births								
—under four weeks							12.6	14.2
—under one year							17.6	21.1
Infant deaths under one week and still births—per 1,000 live and still births							27.9	29.3

(a) Crude rate. (b) Standardised rate.

Table 21 : General Statistics—Shropshire

Year	Live Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
1944	5,203	20.02	2,969	11.4	2,234	34.21	1.751
1945	4,621	18.01	3,056	11.9	1,565	38.95	1.711
1946	5,090	19.42	3,177	12.1	1,913	43.03	1.768
1947	5,538	20.92	3,251	12.8	1,287	39.73	1.786
1948	5,156	18.92	3,219	10.77	1,937	35.49	1.729
1949	4,945	18.15	3,294	12.09	1,651	29.52	1.893
1950	4,669	16.17	3,219	11.15	1,450	24.39	1.71
1951	4,603	15.68	3,719	12.67	884	30.41	1.75
1952	4,670	15.80	3,100	10.49	1,570	24.63	1.68
1953	4,638	15.20	3,244	10.84	1,394	24.36	1.77
1954	4,488	15.07	3,430	11.51	1,058	24.51	1.79
1955	4,398	14.78	3,316	11.14	1,082	25.23	1.848
1956	4,424	14.85	3,279	11.0	1,145	27.12	1.765
1957	4,528	15.20	3,167	10.63	1,361	26.06	1.732
1958	4,686	15.67	3,334	11.15	1,352	19.21	1.716
1959	4,782	15.92	3,334	11.10	1,448	20.08	1.838
1960	4,897	16.20	3,237	10.71	1,660	19.40	1.787
1961	5,156	17.08	3,483	11.54	1,673	22.11	1.845
1962	5,323	17.39	3,485	11.38	1,838	25.55	2.000
1963	5,571	18.14	3,541	11.53	2,030	17.6	1.89

NOTE.—Cancer deaths from 1950 include those due to Hodgkin's disease, leukaemia and aleukaemia.

INFECTIOUS DISEASES

Notifications of infectious diseases received during 1963 are summarised in Table V on page 102 of this Report.

Tuberculosis.—Notifications received during the year of new cases of Respiratory Tuberculosis numbered 59. This figure excludes Hospital and Service cases not ordinarily resident in Shropshire and who were already notified in their home area, and represents an increase of 11 new cases compared with the previous year.

There were 18 deaths ascribed to respiratory tuberculosis—12 more than in 1962.

New cases of Non-respiratory tuberculosis numbered 19, again excluding those not ordinarily resident in the County, and were 6 more than in 1962. One death was ascribed to this form of the disease—one more than in the previous year.

Particulars of the notified cases and deaths, classified in age groups, are given in the table following :

Table 22 : New cases of, and Deaths from, Tuberculosis during 1963

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 4 weeks ..	—	—	—	—	—	—	—	—
4 wks & under 1 yr	—	—	—	—	—	—	—	—
1 and under 5 ..	—	2	1	—	—	—	—	—
5 and under 15 ..	4	1	—	1	—	—	—	—
15 and under 25	4	3	1	3	—	—	—	—
25 and under 35	8	2	1	4	—	1	—	—
35 and under 45	3	5	—	3	—	—	—	—
45 and under 55	4	2	1	—	—	2	—	—
55 and under 65	8	3	1	1	5	—	—	—
65 and under 75	6	—	—	—	8	—	1	—
75 and over ..	2	2	—	2	2	—	—	—
TOTALS ..	39	20	5	14	15	3	1	—
	59		19		18		1	

In recent years new cases of Respiratory Tuberculosis have continued to predominate in the middle-aged and older men, but it is noticeable that in 1963 over half the new cases were discovered in both males and females under 45 years. In this age group, six cases were found in immigrants from Commonwealth countries and four were discovered in consequence of positive Mantoux reactions through the B.C.G. vaccination scheme.

Two of the deaths ascribed to Respiratory Tuberculosis occurred in persons who had not been notified during life as suffering from this disease.

Poliomyelitis.—This condition (originally known as Infantile Paralysis) was first made notifiable under Regulations operative from 1st September, 1912, and since then the only years in which no such cases have been notified in Shropshire have been 1915, 1917, 1929, 1930, 1960 and 1963.

The only fatal case recorded in Shropshire in cases thought to be fully protected against this disease by immunisation occurred in 1962 in a boy of sixteen who had had three doses of vaccine, but died inexplicably from Paralytic Poliomyelitis after a brief illness. Four other paralytic cases have occurred in patients whose immunisation was not complete, with one fatality in 1958 in a female, aged 31, who had received one dose only of vaccine six days prior to the onset of the disease.

Non-paralytic Poliomyelitis has been recorded in three immunised cases, two of whom had received two doses and one having had three doses of vaccine.

The table below shows the yearly incidence of, and deaths from, this disease during the past two decades :

Table 23 : Notifications of, and deaths from, Poliomyelitis

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Notifications ..	10	13	5	32	13	10	62	13	27	26	13	19	10	29	16	7	—	3	2	—
Deaths ..	1	1	—	2	2	1	11	1	—	—	2	1*	—	3†	3	—	—	—	1	—

*Death occurring in but not assignable to the County.

†One of these deaths was of a case not notified in this County—an airman stationed in Shropshire who was admitted to a Barrow Hospital whilst on leave and died there.

(For vaccination against poliomyelitis, see under Immunisation Service on page 44).

Dysentery.—The number of cases of Dysentery notified during the year was 8—a decrease of 91 compared with 1962.

Measles.—Notifications in respect of Measles numbered 3,240—an increase of 2,459 compared with the previous year.

Whooping Cough.—Notified cases of Whooping Cough totalled 221, or 150 more than in 1962. (See also under Immunisation Service on page 42).

Food Poisoning.—The number of cases of Food Poisoning notified was 4, compared with 15 in the previous year, and none is known to have proved fatal.

Diphtheria.—There was no notified case of Diphtheria in the County during 1963. (See also under Immunisation Service on page 41).

Smallpox.—There was no notified case of Smallpox in this County during the year. (See also under Immunisation Service on page 40).

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 168—a decrease of 25 compared with 1962.

VENEREAL DISEASES

The treatment of venereal diseases is a responsibility of the Hospital and Specialist Services and a clinic is operated by the Shrewsbury Group Hospital Management Committee at No. 1 Belmont, Shrewsbury. This is the only one in Shropshire and serves in addition the bordering Welsh counties. Patients residing in East Shropshire near the county boundary tend to make use of the clinics at Wolverhampton and Stafford.

Sessions are held at the Shrewsbury Clinic as under :

Females ..	Mondays ..	3-30 to 5-30 p.m.
	Thursdays ..	5-00 to 7-00 p.m.
Males ..	Tuesdays }	.. 6-00 to 8-00 p.m.
	Fridays }	

The following information in respect of Shropshire patients attending the Shrewsbury Clinic during 1963 has been made available through the kindness of the Venereologists, Dr. J. P. G. Rogerson (Male clinic) and Dr. E. M. McCarter, J.P., (Female clinic).

Table 24 : Shropshire patients treated in 1963

	Males	Females	Total
NEW CASES :			
Syphilis—late	1	1	2
Gonorrhoea	23	16	39
Other conditions :			
Chancroid	1	—	1
Non-gonococcal urethritis	17	—	17
Non-gonococcal urethritis with arthritis	1	—	1
Conditions requiring treatment	25	53	78
Conditions not requiring treatment	38	26	64
TOTAL ..	106	96	202
ATTENDANCES—ALL SHROPSHIRE CASES :			
Syphilis	68	266	334
Gonorrhoea	126	217	343
Other conditions	288	192	480
TOTAL ..	482	675	1,157

Much recent publicity has been given to the increasing incidence of venereal disease, particularly amongst teenagers, and there has been ample evidence of this in the larger cities but not in rural areas such as Shropshire. By comparison with previous years, however, there is now evidence of a large increase in Shropshire cases suffering from Gonorrhoea, numbers having risen as indicated below. These, of course, are those treated at the Shrewsbury clinic and officially recorded, but there are probably many others who are never included statistically.

Table 25 : New cases of Gonorrhoea

Year	Males	Females	Total
1960	4	2	6
1961	7	3	10
1962	15	10	25
1963	23	16	39

As will be seen from the figures following relating to new cases treated for Gonorrhoea in 1963, 22 per cent of the males and 56 per cent of the females were under 20 years of age :

Table 26 : Age range of Gonorrhoea cases

Age Group	Males	Females	Total
Under 16 years	—	3	3
16 and 17 years	1	2	3
18 and 19 years	4	4	8
20 to 24 years	2	3	5
25 years and over	16	4	20
TOTAL ..	23	16	39

Shropshire residents also attended as new cases at the following out-county clinics :

Table 27 : Shropshire cases treated at out-county clinics

Clinic	Syphilis	Gonorrhoea	Other conditions	Total
Stafford	—	—	1	1
Wolverhampton	1	5	25	31

The cases treated at Wolverhampton included an 18-year old girl suffering from congenital syphilis and five cases of gonorrhoea—three males and two females, all over 25 years of age.

CARE OF MOTHERS AND YOUNG CHILDREN

Notifications of Births.—Particulars are given in the following table of the births which were notified as occurring in Shropshire during 1963, with corresponding figures for the preceding four years :

Table 28 : Notifications of Births

Year	Live Births	Stillbirths	Total
1959	4,922	118	5,040
1960	5,194	121	5,315
1961	5,385	97	5,482
1962	5,462	103	5,565
1963	5,784	98	5,882

The births in 1963 indicated above, which include all those taking place within the County whether or not the mother is normally resident in Shropshire, were distributed as follows :

	<i>Live Births</i>	<i>Stillbirths</i>
Domiciliary	2,076	14
In Hospitals and Institutions ..	3,635	84
In Private Nursing Homes ..	73	—
TOTAL ..	5,784	98

Allowing for “transfers out” (infants born in Shropshire but normally resident elsewhere) and “transfers in” (Shropshire infants born outside the County), the adjusted figures are as follows :

	<i>Live Births</i>	<i>Stillbirths</i>
Actual	5,784	98
Transfers—Out	535	9
In	300	10
Adjusted	5,549	99

Premature Births, Stillbirths and Abortions.—For statistical and other purposes, infants whose birth weight does not exceed 5½lb. are regarded as premature, irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1963, whose mothers were normally resident in this County, together with corresponding figures for the preceding four years :

Table 29 : Premature Infants

Year	BORN				DIED			SURVIVED	
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Survival rate %
1959	82	267	*17	366	31	16	47	319	87.2
1960	92	292	*20	404	32	13	45	359	88.8
1961	85	251	*18	354	30	10	40	314	88.7
1962	88	285	*18	391	38	12	50	341	87.2
1963	88	*285	2	375	20	17	37	338	90.1

*Includes births at R.A.F. Hospital, Cosford.

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1963 are summarised in Table 30 overleaf.

Table 30 : Premature Live Births and Stillbirths, 1963

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS					
	*Born in Hospital			Born at Home			Born in Nursing Home						*Born in Hospital	Born at Home	Born in Nursing Home			
				Nursed entirely at Home			Transferred to Hospital on or before 28th day			Nursed entirely in Nursing Home						Transferred to Hospital on or before 28th day		
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
	2 lb. 3 ozs. or less	7	5	1	—	—	—	2	1	—	—	—	—	—	—	—	8	—
Over 2 lb. 3 ozs. up to and including 3 lb. 4 ozs. . .	18	5	10	—	—	—	5	2	2	—	—	—	—	—	—	8	3	—
Over 3 lb. 4 ozs. up to and including 4 lb. 6 ozs. . .	50	4	41	1	—	1	9	1	8	—	—	—	—	—	—	13	1	—
Over 4 lb. 6 ozs. up to and including 4 lb. 15 ozs. . .	58	—	55	3	—	3	8	—	8	1	—	1	—	—	—	3	—	—
Over 4 lb. 15 ozs. up to and including 5 lb. 8 ozs. . .	152	2	147	54	—	54	6	—	6	1	—	1	—	—	—	12	1	1
TOTAL . .	285	16	254	58	—	58	30	4	24	2	—	2	—	—	—	44	5	1

Of 375 children who were born prematurely in 1963, a total of 338 (or 90.1 per cent) survived after 28 days, irrespective of the place of birth (home, nursing home or hospital), or degree of prematurity as evidenced by birth weight.

*Includes R.A.F. Hospital, Cosford.

Phenylketonuria.—This term denotes a rare condition (the suggested distribution being one case in 10,000 births) wherein an inborn error of metabolism results in failure to convert Phenylalanine in protein to Tyrosine, with consequent excretion of Phenylpyruvic acid in the urine.

Research in the United States and this country has led eminent medical authorities to the view that if these cases are detected early enough (preferably under the age of four months) treatment with phenylalanine-restricted diet will almost certainly lead to a child of normal mentality instead of the severe mental affliction which would otherwise attend this condition.

Towards the end of 1959 a reagent strip became available whereby, at nominal cost, all young babies could be tested for this condition and routine testing has, since 1960, been undertaken in all babies between the ages of six and ten weeks. Following the Report of the 1963 Conference on Phenylketonuria, however, tests in Shropshire have, since November, 1963, been undertaken during the sixth week of babies' life.

With a birth-rate such as that of Shropshire, one would not expect to find more than one or two cases in five years, but routine testing is considered worthwhile to ensure detection of even one case in such a period. There have, in fact, been no positive findings since testing was started. An important factor which emerged early in 1963, however, was the diagnosis of Phenylketonuria in a child who had been found negative by the reagent strip test at 8 weeks on 5th December, 1962, but was subsequently reported to have been discharged from hospital and proceeding satisfactorily.

The following are particulars of the routine tests, all of which were found to be negative, performed by County Council Health Visitors on children born in 1963 :

Table 31 : Testing of Shropshire Children born in 1963

	Born in County	Born out of County	Total
Not tested	13	—	13*
Died before test	65	10	75
Left County before test ..	77	16	93
Tested	5,094	274	5,368
TOTAL ..	5,249	300	5,549

*Of the 13 children not tested, 10 had removed to addresses unknown, 2 were in hospital and in one case parental consent for the test was refused.

A further 150 tests, all negative, were performed on children who had moved into the County, and a further 31 negative results on children before transfer out.

In one case, it was thought necessary to have a report on a specimen of the child's urine, but this additional investigation revealed no abnormality.

Neo-Natal Cold Injury.—In recent years much concern has been aroused in the medical field by the problem of neo-natal deaths due to cold. Any baby may become severely chilled by being exposed to a low environmental temperature, but the babies most affected by chilling are the weakly babies, premature babies, those with a history of difficult birth or those who have a congenital heart or are suffering from an infection. If the body temperature of such an infant falls too far this may be a very serious matter and death may result.

Coldness of the external or room temperature is not the only factor, but this should signal warning of the danger of exposing a new-born infant, even a full-term apparently healthy baby, to the cold for even a short period. Other factors are unnecessary routine bathing of infants; inadequate or too tight clothing; insufficient cot coverings ; restriction of muscular movement and of peripheral circulation by tight wrappings; failure to realise that although the infant may be put to bed in a warmed room it cannot withstand the drop in temperature in the early morning. Warmth must be constant.

By alertness to the dangers of hypothermia, chilling of the infant can be avoided at all times, but this condition is not always suspected and the infant may be ill for several days before diagnosis is made. This condition should be suspected in a new-born infant who refuses to feed and is lethargic, even immobile, where oedema is present or where the skin has lost its softness and feels hard, rigid or thickened. A striking and misleading feature often is the pinkness of the infant's face, giving an impression of health. The most significant sign is coldness to touch.

The months from November to March are the period when babies are most at risk and for all domiciliary confinements likely to occur during this time the Council's nurses and midwives report any cases in which room heating is likely to be inadequate or need supplementing. For this purpose, a stock of electric oil-convactor and paraffin heaters is maintained in the Health Department for immediate loan to necessitous cases, and all nurses and midwives are supplied with maximum-minimum thermometers so that room temperatures may be kept under review.

During 1963, heaters were loaned from the Health Department for 19 domiciliary confinements.

Birth Control Clinics.—Following the opening by the Family Planning Association of a Clinic at Murivance Welfare Centre, Shrewsbury, on 4th July, 1960, the County Council's Birth Control Clinic previously held there for patients requiring advice on medical grounds was closed. In return for rent free accommodation, the Association see and advise such medical cases and remit charges in necessitous cases.

The Council's Birth Control Clinic held since 1956 at Wellington Welfare Centre was discontinued after the session in September, 1962, and in November, 1963, permission was given for the Family Planning Association to operate a clinic at this Centre on the same basis as that referred to overleaf.

Welfare Centres.—A complete list of Welfare Centres, together with a timetable of activities, is given in Table IX commencing on page 106, of this Report.

Particulars are given in Table 32 following of the attendances at these Centres and voluntary clinics of pre-school children and expectant mothers during 1963.

It will be noted that some 3,200 infants born in 1963—equal to 57 per cent of the children born in that year—attended the Council's child welfare clinics, and those sponsored by the R.A.F. A total of 1,897 sessions was held, with 64,450 attendances—an average of 34 per session.

New welfare centre provision is programmed for 1964—65 at Harlescott, Shrewsbury, to serve the large housing development in the area, and for 1966—67 at Oswestry where replacement of existing facilities in a converted dwelling house is necessary to relieve maintenance costs and overcrowding.

Table 32 : Attendances at Child Welfare Centres during 1963

CENTRE	CHILDREN									EXPECTANT MOTHERS	
	Referred elsewhere	CASES				ATTENDANCES				Total Cases (Post-natal in brackets)	Total Attendances
		Born in			Total	Born in			Total		
		1963	1962	1958—61		1963	1962	1958—61			
Baschurch	—	10	17	23	50	32	114	86	232	x	x
Bayston Hill	—	70	55	27	152	372	443	161	976	x	x
Bishop's Castle	—	11	27	29	67	47	133	132	312	x	x
Bridgnorth :											
Grove	—	9	13	33	55	44	58	79	181	x	x
Northgate	6	195	196	227	618	1,649	1,730	796	4,175	††57	256
Broseley	1	49	48	64	161	374	448	195	1,017	x	x
Church Stretton	—	46	51	39	136	250	277	152	679	—	—
Cleobury Mortimer	1	36	26	65	127	265	218	380	863	x	x
Dawley	25	180	114	208	502	1,679	1,163	1,439	4,281	—	—
Donnington :											
Turreff Hall	—	118	111	78	307	1,133	1,024	250	2,407	—	—
Depot	1	24	34	40	98	102	261	94	457	x	x
Ellesmere	10	79	54	74	207	658	463	328	1,449	—	—
Hadley	—	61	73	102	236	462	536	505	1,503	x	x
Highley	2	90	76	92	258	299	392	201	892	6	6
Ironbridge	1	45	56	33	134	372	394	161	927	—	—
Ludlow :											
Dinham	7	59	52	40	151	428	304	105	837	†28	94
East Hamlet	5	32	28	14	74	316	159	35	510	x	x
Madeley	3	60	46	59	165	600	360	231	1,191	—	—
Market Drayton	—	118	109	147	374	1,544	1,045	758	3,347	—	—
Much Wenlock	—	52	34	35	121	345	224	112	681	—	—
Newport	3	144	168	144	456	1,816	1,677	1,017	4,510	††56	190
Oakengates	2	118	90	59	267	1,185	795	188	2,168	—	—
Oswestry	6	212	215	141	568	1,922	1,871	647	4,440	—	—
Pontesbury	—	30	24	42	96	197	185	181	563	—	—
Prees	—	13	11	15	39	108	116	99	323	x	x
St. Martins	4	66	88	48	202	439	282	158	879	x	x
Shawbury	1	61	62	48	171	645	664	194	1,503	x	x
Shifnal	—	57	53	83	193	711	575	319	1,605	x	x
Shrewsbury :											
Harlescott	—	160	135	213	508	1,712	1,219	983	3,914	x	x
Meole Brace	3	55	51	52	158	351	321	143	815	x	x
Monkmoor	3	98	78	26	202	443	449	184	1,076	x	x
Murivance	22	144	98	75	317	827	626	223	1,676	195(7)	306(7)
*Springfield	—	47	26	46	119	277	156	146	579	x	x
White House	1	165	129	150	444	1,566	1,196	794	3,556	189(2)	303(2)
Wellington	—	216	165	150	531	1,849	1,235	607	3,691	—	—
Wem	7	67	64	61	192	623	569	430	1,622	—	—
Whitchurch	17	81	83	89	253	637	520	436	1,593	†73	299
TOTAL	131	3,078	2,760	2,871	8,709	26,279	22,202	12,949	61,430	604(9)	1,454(9)

R.A.F. Child Welfare Centres

Buntingsdale	2	89	77	70	236	969	977	288	2,234	x	x
Cosford	—	33	34	59	126	303	172	311	786	x	x
TOTAL	2	122	111	129	362	1,272	1,149	599	3,020	—	—

†District Nurse's Session. ††Including District Nurse's Session. xNo Ante-Natal Clinic.
*Opened 22nd January, 1963.

Child Guidance : Pre-School Children

Recommendations made jointly in Circular 3/59 by the Ministries of Education and Health stressed the desirability of close co-operation between Local Education and Health Authorities in regard to advice on child guidance for children below school age.

The view is widely held that the causes of much emotional disturbance and maladjustment date back to the early years in a child's life. The recognition and treatment of early behaviour difficulties are facilitated by the staffs of maternity and child welfare centres seeking the advice of the Child Guidance Service in cases of possible emotional difficulty, enabling them, in appropriate cases, to deal themselves with more of the behaviour difficulties and other problems they encounter.

Medical Officers, after conferring with the Family Doctor and if he so wishes, send a report to the Central Department upon any case of emotional and behaviour difficulty in a pre-school child which they encounter in the course of their work at child welfare centres, so that advice may be obtained in suitable cases from the Child Guidance Service.

Fourteen cases were referred during 1963, either through this Department or directly by the Family Doctor concerned.

Care of Illegitimate Children and Unmarried Mothers

The County Council have, since 1945, utilised the services of Moral Welfare Workers employed by the Lichfield and Hereford Diocesan Associations, of which the former is registered as an Adoption Society, to deal with the various problems associated with the care of unmarried mothers and illegitimate children, for whom the Local Health Authority have certain responsibilities. The County Council have representatives on the Councils of each of these bodies.

For these services, the Council pay annual grants to the Associations. In 1963, these amounted to £800 to Lichfield and £550 to Hereford.

Confinements, actual and impending, of unmarried mothers are notified to the Health Department by Health Visitors, Midwives and Nurses, Hospitals and Institutions. The appropriate Moral Welfare Worker is then informed and pays an initial visit as soon as practicable, continuing to visit each case as necessary.

Particulars are given in the following tables of the work undertaken during 1963 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 174 children came under supervision during the year, representing 63 per cent of the illegitimate births assigned to the County.

In all, 190 cases were referred to the Moral Welfare Workers for investigation and/or supervision, the great majority as expectant mothers and the remainder after birth had taken place and the fact of illegitimacy ascertained. The age range was known in all but 10 of these cases and is indicated below :

Table 33 : Age range of Unmarried Mothers

Under 16 years	..	..	..	..	13
16 to 17 years	..	..	..	..	30
18 to 19 years	..	..	..	..	41
20 to 24 years	..	..	..	..	57
25 years and over	..	..	..	..	39
Not known	..	..	..	..	10
					190

Table 34 : Supervisory Work undertaken by Moral Welfare Workers

Association		Moral Welfare Workers	Case Visits	Unmarried Expectant Mothers coming under supervision
Lichfield	..	1*	383	136
Hereford	..	2†	106	31
TOTAL		3	489	167

*Has the assistance of a part-time worker who carries out routine visits only.

†One of these officers also undertakes duties in the Hereford Archdeaconry, estimated to be equivalent to half her time.

Table 35 : Children Supervised

	Lichfield	Hereford	Total
On Register on 1st January	166	61	227
Added during year	132	42	174
Removed during year	174	38	212
On Register on 31st December	124	65	189

Removals from the Register are accounted for as follows :

Supervision no longer necessary	87
Attained school age	19
Mother married—child with mother	40
Left County with mother	15
To adopters—in Shropshire	10
elsewhere	29
In care of Children's Officer	3
Lost sight of	6
Died	2
Mother died	1
	<hr/>
	212
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Accommodation for Unmarried Expectant Mothers.—In order to meet the accommodation requirements of unmarried mothers, both prior and subsequent to confinement, the Council have arrangements with the Shrewsbury Refuge and Shelter, Chaddeslode, with Myford House, Horsehay, and with St. Martin's Home, Hereford, for the admission of cases from this County.

Myford House and Chaddeslode receive annual grants from the Council and during the past few years these have been varied to help meet additional expense incurred by the Homes in maintenance and improvements. During 1963 these grants amounted to £350 and £450 respectively.

By arrangement with the Herefordshire County Council, three beds for Shropshire cases are reserved in St. Martin's Home, Hereford, maintenance costs being repaid on a proportionate basis.

Chaddeslode and Myford House provide a total of 35 beds (24 at Chaddeslode and 11 at Myford House) and this accommodation is also open to cases from neighbouring counties.

The Council have two representatives on the Chaddeslode Executive Committee, of which the Deputy County Medical Officer is also a member. The County Medical Officer is a member of the Myford House Committee and of the Standing Committee of the Hereford Diocesan Association.

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1963 :

St. Martin's Home, Hereford	12
Chaddeslode, Shrewsbury	20
Myford House, Horsehay	5
Mrs. Hay Memorial Home, Wolverhampton ..	5
Astbury House, Smethwick	2
	<hr/>
	44
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Report of the Principal Dental Officer

(Relating to dental work for Expectant and Nursing Mothers and Children under 5 years)

“Ye Worthies of the British Nation
Attend to my new Operation
Let Colt's Teeth or Decayed Ones come
My pincers shall ease your Gum.”

The sentiments in this old doggerel verse emphasising the extraction of teeth do not accord with the aims of modern dentistry. Dental Surgeons would like the “Worthies” to realise the importance of dental fitness to their general well-being and to seek treatment before it becomes necessary to extract rotting teeth.

In Shropshire the decay rate in teenage children is very high indeed. Approximately 86 per cent of these children require conservation work. At one school it was 97 per cent. Also 18 per cent needed immediate extractions due to sepsis or trauma to other tissues due to jagged molar crowns. These youngsters are the parents of the very near future, and probably their first and subsequent form of contact with dentistry is expressed in the last line of the doggerel. So the situation is created whereby the dental surgeon about to carry out an extraction may be given to say :

“Why squeeze your hat and seize my Cap
As if you dreaded some mishap
Keep your spirits on the Rack
I'm a Licenciate : not a Quack.”

The Dental Service must try and establish greater contact with the young mother and child, so that the relatively simple ways of achieving and maintaining dental health can be explained to the mother, an inspection can be carried out on the children and advice given on the spot. The Service could be aided in this direction by the Health Visitors, with whom, I must add, we already

The more I see of dental disease the more I am convinced that the only real way to cope with the problem is to have a well-staffed, keen and efficient School Dental Service. It will never really be efficient, obviously, if understaffed. In this, Local Authorities must play their part by encouraging and helping their professional staff to fulfill by every means they can the statutory obligation which is theirs.

Table 36 : Dental Treatment—Numbers of Cases

	Examined	Commenced treatment	Courses of treatment completed during year
Expectant and Nursing Mothers ..	420	367	211
Children aged under 5 and not eligible for school dental service	602	413	439*

*Includes cases carried forward from the previous year.

Table 37 : Forms of Dental Treatment provided

							<i>Expectant and Nursing Mothers</i>	<i>Children under 5 years</i>
Scalings and gum treatment .. .. .	..	..	..	..	..	..	54	—
Fillings .. .. .	..	..	..	..	..	..	903	378
Silver nitrate treatment .. .. .	..	..	..	..	..	..	—	96
Crowns and inlays .. .. .	..	..	..	..	..	..	1	—
Extractions .. .. .	..	..	..	..	..	..	1,069	815
General anaesthetics .. .. .	..	..	..	..	..	..	170	263
Dentures provided—full upper or lower .. .. .				..	..	..	97	—
partial upper or lower .. .. .				..	..	..	88	—
Radiographs .. .. .	..	..	..	..	..	..	46	8
Other operations .. .. .	..	..	..	..	..	..	681	98

Table 38 : Premises and Sessions

Number of dental treatment centres in use at end of year	12
Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	250

C. D. CLARKE,
Principal Dental Officer.

National Welfare Foods

The County Council are responsible for the distribution of National Welfare Foods (dried milk, orange juice, cod liver oil and vitamin A & D tablets).

There were on 31st December, 1963, ninety-four distribution centres functioning in the County, of which ten were staffed by paid part-time workers. The remainder were all staffed by voluntary workers, to whom thanks are due both for their voluntary work and in many cases also for the free use of their premises. The help received at several centres from members of the Women's Voluntary Services is also gratefully acknowledged.

Particulars of the foods issued during 1963, with comparable figures for the previous year, are given in the table following :

Table 39 : Welfare Foods Issues

Items	Average weekly issues		Total issues	
	1962	1963	1962	1963
National Dried Milk—tins	1,214	1,085	63,002	56,395
Orange Juice—bottles	904	996	47,034	51,793
Cod Liver Oil—bottles	95	93	4,916	4,820
Vitamin A & D Tablets—packets ..	108	98	5,631	5,102
TOTAL ..	2,321	2,272	120,583	118,110

NURSING STAFF AND SERVICES

Nursing Staff employed by the County Council.—The following are particulars of the Nursing Staff establishment and of the numbers employed by the County Council on 31st December, 1963, with corresponding figures for the two preceding years :

Table 40 : Staffing and Establishment

Whole-time Nursing Staff	Establishment	On 31st December		
		1961	1962	1963
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer	1	1	1	1
Assistant Nursing Officers	2	2	2	2
Tuberculosis Health Visitor	1	1	1	1
Health Visitors	41	33	36	35
School Nurses	4	4	4	4
Nurse-Midwives	74	69	69	64
Midwives	7	7	7	7
Home Nurses	8	8*	8*	7*
Relief Nurses	6	5	6	4

*Includes one nurse undertaking both nursing and school nursing duties.

Part-time staff employed on 31st December, 1963, are listed below with their whole-time equivalents :

	<i>Staff</i>	<i>Whole-time equivalent</i>
Relief nurse-midwives	6	4.41
Home Nurses	12	5.48
Health Visitors, school and clinic nurses	10	2.19

Part-time health visiting duties are also carried out by District Nurse-Midwives who are either qualified Health Visitors or working under a dispensation granted by the Minister of Health. Their whole-time equivalent for establishment purposes is regarded as 11, giving a total Health Visitor establishment of 52.

District Training.—The Council's scheme for assisting District Nurse-Midwives to take a course of district training under the Queen's Institute of District Nursing was originally adopted in November, 1950, and is open to State Registered nurses who are also State Certified Midwives.

Training is given at an approved Queen's Training Home, normally for a period of four months, but if the trainee has been employed previously in district work for eighteen months or more, or holds the State Certified Midwife's Certificate, the period is reduced to three months.

On the satisfactory completion of training, the trainee is required to serve the Council for a period of one year, and then becomes eligible for a permanent appointment.

Only one candidate was recruited for training prior to 1954 but since then 19 candidates (including one recruited for a combined course of Health Visitor and District Training) have been accepted. With one exception all passed their examination and the candidate who failed was successful on the second attempt. No candidate was recruited in 1963.

Transport.—Practically all Nurses and Midwives, including full-time and part-time relief staff, use motor transport for duty purposes, and the position on 31st December, 1963, was as follows :

Table 41 : Transport for Nursing Services

Nursing Staff	Number	Cars		Bicycles
		County Council	Privately Owned	
Nurse-Midwives ..	74	40	34	—
Midwives	7	3	3	1
Home Nurses ..	19	7	12	—

Housing of Nursing Staff.—The provision of satisfactory accommodation for nurses and midwives is a practical necessity in order to recruit and retain suitable staff. About one-third of the Council's nursing staff occupy privately owned or rented accommodation which will not be available to their successors.

To provide replacement accommodation, standard-type houses and bungalows, approved by the Ministry of Health, are erected as occasion requires.

Particulars of the accommodation occupied by nurses and midwives, including Supervisory Nursing Officers and Health Visitors, in the Council's employment on 31st December, 1963. are as follows :

Houses,	} owned by the Council	25
bungalows		27
and flats		22
Rooms ..	rented by nursing staff	2
		76
		—

Agency Arrangements.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which have a population of 753 and an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £330 is paid by the Council.

An arrangement exists with the Montgomery County Council whereby the home nursing, midwifery, health visiting and domestic help services in the parish of Brompton and Rhiston are undertaken by Montgomeryshire nurses. This parish, which has a population of 118 and an area of 2.8 square miles, is bordered by Montgomeryshire on three sides and is easily approached only from that County. Payment for nursing services is made to Montgomeryshire on a population basis and is in the region of £60 per annum ; and for Domestic Help by refund of actual costs.

MIDWIFERY SERVICE

Except for the agency arrangements referred to above, the County Council, as Local Health Authority, provide a domiciliary midwifery service by the direct employment of midwives.

The Council are also the Local Supervising Authority for all midwives practising in the County for the purposes of the Midwives Acts and supervision is carried out by the Superintendent Nursing Officer and three Assistants.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1963 :

Table 42 : Practising Midwives

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Domiciliary Service	81	81
Ambulance Service	2	2
Agency arrangement	3	3
Hospitals—National Health Service ..	71	71
Nursing Homes	5	5
Private domiciliary practice	1	1
TOTAL ..	163	163

Notifications.—The following particulars relate to notifications which midwives (domiciliary and institutional) are required by the Rules of the Central Midwives Board to send to the County Council, as Local Supervising Authority, and which were received during 1963, with comparative figures for the two preceding years :

Table 43 : Notifications issued by Midwives

Year	Medical aid	Stillbirths	Death of mother or child	Liability to be a source of infection
1961	588	42	7	41
1962	467	24	14	36
1963	448	41	7	34

Work performed by County Council Midwives.—Information about domiciliary confinements attended by County Council and agency midwives is compiled from case reports submitted immediately after the midwife ceases attendance.

Deliveries.—During 1963, there were in all 2,080 domiciliary confinements, of which 5 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 2,075 cases in which a County Council or agency domiciliary midwife was in attendance.

Table VI on page 103 shows the distribution of these 2,075 cases throughout the Nursing Districts of the County. Attendance on these cases involved 20,571 ante-natal and 31,323 midwifery post-natal visits—a total of 51,894 visits. On average each case received 10 ante-natal and 15 midwifery visits from the midwife.

The 7 whole-time Midwives in the Borough of Shrewsbury attended 404 cases, or an average of 58 each; in the remainder of the County, where midwifery is combined with home nursing, and excluding cases attended by agency midwives, whose work in Shropshire is only part of their duties, the district nurse-midwives averaged 25 cases each.

In addition, 1,616 cases were attended following discharge from hospital after confinement, involving 6,956 visits. This work, one feels, is less satisfactory to the domiciliary midwife, who may feel “slightly slighted” and that she has been denied the chances of exercising her professional skill at the confinement. It is hard to see how this sharing can be avoided; and our domiciliary midwives play their part well, and for the most part philosophically, in such cases.

The following table, showing these hospital maternity discharges classified according to the “in-patient” period in days between delivery and discharge, with comparative figures for the preceding year, may be of interest.

Table 44 : Discharged hospital maternity cases

In-Patient post-natal period (days)	Cases		Total visits by domiciliary midwife	
	1962	1963	1962	1963
1— 2	129	143	1,382	1,444
3— 5	226	293	1,488	1,947
6— 8	834	833	2,736	2,817
9—10	338	347	740	748
TOTAL ..	1,527	1,616	6,346	6,956

Ante-natal care was also afforded by the domiciliary midwives to 284 cases booked for confinements in hospital, involving 1,459 visits.

The preceding details are repeated in the table below for comparison with work performed during the previous year.

Table 45 : Cases attended by Domiciliary Midwives

Year	Staff	Domiciliary Confinements				Discharged Institutional Cases	
		Cases	Visits			Cases	Visits
			Ante-natal	Post-natal	Total		
1962	Midwives ..	398	4,468	5,846	10,314	253	926
	Nurse-Midwives	1,649	16,392	25,305	41,697	1,274	5,420
	TOTAL	2,047	20,860	31,151	52,011	1,527	6,346
1963	Midwives ..	404	4,728	5,961	10,689	212	977
	Nurse-Midwives	1,671	15,843	25,362	41,205	1,404	5,979
	TOTAL	2,075	20,571	31,323	51,894	1,616	6,956

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 2,075 confinements, a doctor had been booked to provide maternity medical services in 2,062 cases (99.4 per cent); a doctor was present at delivery in 513 (24.9 per cent) of these cases.

Of the remaining 13 cases (0.6 per cent) in which no doctor had been booked, one was present at delivery in 1 case (7.7 per cent).

Blood examinations.—Ante-natal blood testing of an expectant mother is necessary to detect anaemia ; to determine Wassermann and Kahn reactions as tests for Syphilis ; and to establish her blood group and, in certain cases, to see if antibodies are present.

By agreement with the Local Medical Committee, every midwife is supplied with blood tubes, labels and envelopes for specimens to be taken by the general practitioner and sent by the midwife to the Regional Blood Transfusion Centre in Birmingham. Where the practitioner does not wish to take the required specimen, the midwife is expected to refer the patient to a County Council medical officer at a Welfare Centre session, and the results of the test are subsequently notified to the practitioner concerned. Similarly, in domiciliary cases where a County Council midwife is not involved, blood teasing outfits are sent to the practitioner on request.

All midwives have been supplied with Tallqvist test books for the estimation of haemoglobin. This test for anaemia is carried out by the midwife at the time of booking and again at the 30th week or thereabouts. Any case in which the haemoglobin level is below 75 per cent is referred to the general practitioner concerned. This is a useful test, recommended and approved by knowledgeable experts. It saves lives, and to criticise it seems to me a disservice to patients and to good obstetric practice.

Anaemia.—Minor degrees of anaemia are common in women. In pregnancy, the urgent demands of the foetus convert a slight deficiency into a gross deficiency, so that the mother’s anaemia becomes much more serious. A severe anaemia may become a very dangerous condition when a moderate post-partum haemorrhage complicates the third stage of labour.

It is important, therefore, in ante-natal work, to recognise cases of anemia and to treat them appropriately. In the iron-deficiency anaemia, large doses of iron rapidly cause improvement, the haemoglobin value of the blood may rise by as much as 30 per cent in a month, and the corresponding improvement in the patient's condition is nearly always obvious.

Rhesus Factor.—In about 85 per cent of men and women their blood contains a property known as the “Rhesus Factor” ; blood containing this property is called Rh. positive, and that without Rh. negative.

An expectant mother whose blood is Rh. negative and who is married to an Rh. positive man may give birth to a child who will develop anaemia and jaundice shortly after birth—a condition known as “Haemolytic disease of the newborn.” Prompt diagnosis and exchange blood transfusion afford the best chance of saving the lives of such babies.

For prompt action in such cases, midwives have been instructed to obtain cord blood specimens for immediate examination by the Coombs test in the following circumstances :

- (a) when the laboratory investigations have shown that the child is likely to be born suffering from haemolytic disease ; OR
- (b) if the child at birth appears jaundiced, anaemic or oedematous ; OR
- (c) if at birth the first inch or so of the cord at the umbilicus shows a greenish-yellow discolouration. (This is a valuable early sign of haemolytic disease, although exceptionally it may be seen in a normal child; and it is a sound practice to examine the cord routinely for this discolouration immediately a baby is delivered) ; or
- (d) in all cases where *the mother's blood has not been examined ante-natally.*

The reports for 1963 show that blood specimens were known to have been examined for the Rhesus Factor and the results notified to the midwife in 2,065 cases (99 per cent) and for Wassermann and Kahn reactions (for Syphilis) in 1,779 cases (86 per cent).

Table 46 : Results of Blood Tests

Year	Rhesus Factor			Wassermann and Kahn		
	Tested	Positive	Negative	Tested	Positive	Negative
1963	2,065 (99 %)	1,780 (86 %)	285 (14 %)	1,779 (86 %)	1	1,778
1962	2,029 (99 %)	1,754 (86 %)	275 (14 %)	1,730 (85 %)	1	1,729
1961	2,007 (99 %)	1,707 (86 %)	290 (14 %)	1,757 (87 %)	2	1,755
1960	1,845 (98 %)	1,607 (87 %)	235 (13 %)	1,607 (86 %)	2	1,605
1959	1,716 (98 %)	1,491 (85 %)	225 (15 %)	1,486 (85 %)	—	1,486
1958	1,833 (98 %)	1,584 (86 %)	249 (14 %)	1,548 (83 %)	1	1,547
1957	1,669 (90 %)	1,460 (88 %)	200 (12 %)	951 (51 %)	5	946
1956	1,225 (63 %)	1,061 (87 %)	164 (13 %)	658 (34 %)	2	656

The only case in which a positive Wassermann result was obtained was already known to be receiving treatment.

All the ten cases in which Rhesus Factor results were unknown were, with one exception, emergency cases. Eight had not booked a doctor for maternity medical services. In six cases, birth occurred before the arrival of doctor or midwife and one other case resulted in a stillbirth.

Coombs tests were performed in 277 cases. Of these, 274 produced a negative result and 3 were positive. In 15 Rhesus negative cases in which a Coombs test was not performed, 3 resulted in stillbirths and in 5 birth occurred before the arrival of doctor or midwife.

None of the three cases giving a positive Coombs result required admission to hospital for exchange blood transfusion. Only one showed evidence of slight jaundice on the second day, but this cleared satisfactorily by the tenth day and during the six weeks following, after which the family left the County, progress was normal. Both remaining cases showed no signs of jaundice and have progressed satisfactorily since, with no abnormality or backwardness.

It must be emphasised that the preceding statistics refer only to babies delivered at home by County Council midwives. That no such infant needed exchange transfusion in 1963 does not mean that the condition is very rare, but rather that the majority of babies at risk were born in hospital. The object of carrying out Rhesus testing in all pregnancies is to discover which babies will be in danger at birth and to safeguard them by having them born in hospital where the best facilities are quickly available. Exchange transfusions were in fact given to 18 babies at hospitals controlled by the Shrewsbury Group 15 Hospital Management Committee in 1963.

Age and Parity.—The presently accepted criteria for admission of expectant mothers to hospital for confinements are medical grounds or unsuitable home conditions (see page 33). For the first few months of 1963, the demand for hospital beds for maternity cases far exceeded those available and many ‘social grounds’ cases had to be admitted to such hospitals as had beds available, irrespective of distance, while others could only be promised hospital confinements if beds were vacant at the time.

The Cranbrook Report recommended that primigravidae, those over 35 years of age and those expecting their fifth or subsequent child should be confined in hospital. While medical and social grounds cases must have priority and, accepting that the patient has the freedom of choice to

remain at home for her confinement, it is difficult to see how, without considerably earlier discharge of cases from hospital after delivery, there can be adequate turnover of the present numbers of maternity beds to deal with all the cases which, according to the Cranbrook Report, ought to be confined in hospital. The table below shows the domiciliary cases dealt with in 1963, according to age and parity. Those cases outside the thick lines (637 or 31 per cent of the total) are those who would have been confined in hospital had the Cranbrook Committee's recommendations been applied and beds been available for them.

Table 47 : Domiciliary cases by Age and Parity

Age Group	Total cases	PARITY															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
15—20 years	222	100	97	23	2	—	—	—	—	—	—	—	—	—	—	—	—
21—25 years	669	133	312	150	56	13	2	3	—	—	—	—	—	—	—	—	—
26—30 years	676	54	216	202	119	54	22	7	1	—	—	—	1	—	—	—	—
31—35 years	371	9	89	100	72	46	29	13	6	4	2	—	1	—	—	—	—
36—40 years	118	1	15	25	28	18	14	9	2	2	2	1	—	—	1	—	—
41—45 years	19	—	2	—	4	5	3	—	2	1	1	—	—	—	—	—	1
TOTAL	2,075	297	731	500	281	136	70	32	11	7	5	1	2	—	1	—	1

Analgesics.—Pethidine was administered on its own or in conjunction with Trilene and/or Gas/Air in 1,450 confinements (70 per cent).

Trilene was given on its own or with pethidine or gas/air in 827 cases (40 per cent).

Gas/Air was given on its own or with trilene or pethidine in 881 cases (42 per cent).

Analgesics were therefore given in 1,851 domiciliary cases—89 per cent of the total confinements attended by County Council midwives.

Births.—Domiciliary confinements attended by County Council midwives resulted in the birth of 2,051 live infants, 10 pairs of live twins, and 14 single stillbirths.

Of the 14 confinements resulting in a stillbirth, the mother's blood group was Rhesus positive in 9 cases, negative in 4 cases and one case was not known to have been tested. The stillbirth rate per 1,000 domiciliary live and still births was 6.7 compared with 17.5 for domiciliary and institutional births in the County generally.

Premature births.—Eighty-five of the 2,075 confinements resulted in the birth of a live infant weighing 5½ lb. or less.

General.—Complications, either during or after pregnancy, arose in 322 cases.

For one reason or another, removal to hospital was necessary in 81 cases, as under :

Mother	57
Child	5
Both	19

From the date of booking by the midwife to the termination of the puerperium, these 2,075 cases involved 259,009 days under care, or an average of 125 per case.

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, medical practitioners are required to notify as Puerperal Pyrexia any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage.

During 1963, five cases of Puerperal Pyrexia were notified (none of which proved fatal) compared with 2 in the previous year.

Ophthalmia Neonatorum.—This is defined in the Regulations as “a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth” and resulting, if untreated, in blindness.

Two cases of Ophthalmia Neonatorum were notified in 1963, and recovered without apparent ill-effect.

Pre-Eclamptic Toxaemia.—Cases confined in 1963 in whom Toxaemia had been reported and who had been the subject of special ante-natal care—visits by the midwife weekly or more frequently and progress reported on each occasion to the Health Department—numbered 235.

These cases occurred in the following age groups :

15 years and under 21 ..	19
21 „ „ „ 26 ..	66
26 „ „ „ 31 ..	85
31 „ „ „ 36 ..	32
36 „ „ „ 41 ..	27
41 „ „ „ 46 ..	6
	<hr/> 235 <hr/>

The parity of these cases was as follows :

1st pregnancy	..	..	..	57
2nd	„	..	..	70
3rd	„	..	..	55
4th	„	..	..	26
5th	„	..	..	13
6th	„	..	..	11
7th	„	..	..	1
8th	„	..	..	2
				<hr/> 235 <hr/>

Confinements occurred with the following seasonal incidence, 83 cases being delivered in hospital and 152 at home :

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
23	26	29	23	20	15	23	19	18	8	20	11	235

There were 2 stillbirths, representing 0.8 per cent of these confinements and 2 babies died shortly after birth. In addition, 22 of the confinements resulted in a “premature weight” birth (5½lb. or less).

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A supply of these outfits, and a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. Outfits are delivered by the manufacturers direct to the district midwives and a central stock is held in the County Health Department for issue to cases in the Borough of Shrewsbury.

During 1963, a total of 2,304 outfits was issued to domiciliary confinement cases in the County.

Medical Practitioners (Fees) Regulations, 1948.—Under the rules of the Central Midwives Board a midwife is required in certain defined circumstances to seek medical assistance by the issue of a Medical Aid Form, and this remains a Rule of the Board and a firm instruction to Shropshire midwives. The fee payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations is not claimed where a medical practitioner has already undertaken to provide maternity medical services under Part IV of the National Health Service Act, 1946, for which payment is made by the Local Executive Council.

In 1963, five claims for medical aid were made by practitioners on the County Council, involving expenditure of £17 0s. 0d.

Admission of Maternity Cases to Hospital.—Maternity patients are admitted to hospital on two grounds, namely, medical and “social.” When admission is required on medical grounds arrangements are made by the medical practitioner in attendance; but when admission is desired for other than medical reasons arrangements for admission are made through the Medical Officer of Health of the Local Health Authority for the area in which the patient lives.

Applications to the County Health Department by general practitioners for the admission of patients to hospital on “social” grounds were, in 1963, referred to the Bed Bureau for the reservation of a hospital bed, but direct applications from patients or midwives are investigated in order to ascertain whether the home circumstances are such that confinement can properly take place at home.

This procedure is undertaken at the request of the Regional Hospital Board to relieve pressure on maternity accommodation in hospitals. Where, however, unoccupied maternity beds are available after the admission of essential cases, hospitals concerned may at their discretion admit patients who do not qualify on “social” grounds.

During 1963, applications were received in respect of 1,183 maternity patients for admission to hospital on “social” grounds (compared with 1,208 patients in the previous year). Of these, 41 were withdrawn by the patients before beds were reserved and the remaining 1,142 cases are accounted for as follows :

Recommended for hospital confinement and accepted by hospital concerned	..	..	1,061
(Of these, 16 patients cancelled their reservations)			
Recommended, but refused by hospital on account of non-availability of beds	..	..	23
(Of these, 3 cases were subsequently admitted on medical grounds)	..		
Not recommended	..	..	58
(Of these, 10 patients withdrew their applications and 26 cases were subsequently booked by Hospitals with surplus beds available, but 4 cancelled their bookings. Two other cases were booked on medical grounds)			

With the coming into operation of the National Health Service Act, there was an increase in the proportion of institutional confinements, and a fall in the proportion taking place at home ; and the following figures show that in Shropshire, domiciliary confinements, expressed as a percentage of all confinements, having remained stabilised at a figure above the average for the Country as a whole decreased in 1957, 1958 and 1959, but in 1960 the decrease was arrested and the trend reversed by an increase of 2% in the domiciliary proportion of total confinements for 1961 and 1962, which, in turn reverted, in 1963 by a decrease of 2%.

Table 48 : Domiciliary and Institutional Confinements

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52%
1947	5,248	2,760	2,488	53%
1948	4,787	2,217	2,570	46%
1949	4,872	2,244	2,628	46%
1950	4,785	2,016	2,769	42%
1951	4,662	2,064	2,598	44%
1952	4,766	2,080	2,686	44%
1953	4,752	2,055	2,697	43%
1954	4,610	2,034	2,576	44%
1955	4,534	1,963	2,571	43%
1956	4,600	1,972	2,628	43%
1957	4,695	1,894	2,801	40%
1958	4,895	1,893	3,002	39%
1959	4,977	1,781	3,196	36%
1960	5,250	1,909	3,341	36%
1961	5,427	2,046	3,381	38%
1962	5,506	2,071	3,435	38%
1963	5,816	2,080	3,736	36%

Relief Arrangements.—There are 53 Nursing Districts in the County and in most of these the nursing staff relieve each other for holiday and off-duty periods, often working in groups of three or four for that purpose.

In some areas it has been possible to recruit married nurses to undertake relief, either full-time or part-time, in the district in which they live, but the greatest need is for mobile relief nurses who can be moved around to cover vacant districts, holidays, emergencies through sickness, etc. Consequently, the staff in many areas are not getting the off-duty to which they are entitled.

A night rota system is in operation in only one area of the County—in Shrewsbury where seven full-time midwives are employed. This was put into operation from 1st October, 1963, with the assistance of Ambulance Control, but because only five of the seven midwives were at that time approved as teaching midwives, some difficulties were experienced to begin with. Since January, 1964, however, all the Shrewsbury midwives have been approved as teaching midwives and as a result the night rota system is working very well.

Standard Record Cards for Maternity Patients.—The introduction on a national basis of a standard co-operation record card for maternity patients was recommended by the Cranbrook Committee, as a means of ensuring that each member of the obstetric team (hospital, doctor and midwife) concerned with the care of maternity patients is aware of the attention given by the other members.

The card is given to the patient by the doctor or midwife who first sees her in connection with her pregnancy. Entries on the card are made by any general medical practitioner, local health authority or hospital doctor, or midwife who is concerned with the patient's care. It is retained by the patient until the final post-natal examination and then passed to her general medical practitioner for inclusion in her medical records.

Early in 1963 the adoption of a standard record card, prepared in consultation with the professions concerned and endorsed by the Standing Maternity and Midwifery Advisory Committee was recommended by the Minister of Health as a matter for local decision.

The principle of the use of such record cards having previously been approved by all concerned in Shropshire, including the Executive Council, Local Medical Committee and Maternity Liaison Committee, supplies of the cards provided by the Ministry were distributed to all County Council midwives in April, 1963, for general use.

Local Maternity Liaison Committee.—As recommended by the Cranbrook Committee in 1959, a Local Maternity Liaison Committee was formed in Shropshire in 1961, with the object of ensuring that local provisions for maternity care, whether provided by the hospitals, local health authority or general practitioner obstetricians, are used to the best advantage.

The Committee is comprised of persons engaged in the maternity services, such as consultant obstetricians, domiciliary and hospital midwives, medical staff of the local health authority and general practitioner obstetricians. Members during 1963 included Messrs. Barnett, Wolskel and Burke, Consultant Obstetricians; Miss Montague, Miss Farebrother and Mrs. Withers, representing the hospital midwives; Drs. Tom and William Hall and Dr. Crowley, medical staff of the Local Health Authority; Miss Rogers, Superintendent Nursing Officer, and Misses Stones and Ibbetson, representing the domiciliary midwives; Drs. Ballenden, Cullingworth and Watson, General Practitioner Obstetricians; Dr. Macaulay, Consultant Paediatrician; Dr. Urquhart, an ex-Chairman of the Local Medical Committee; and Dr. Mann, in charge of the obstetric beds at Wrekin Hospital. Dr. Ballenden is Chairman, and the position of Secretary was held by Miss Rogers up to October, 1963, when she was succeeded by Dr. Watson.

Three meetings were held in 1963, and many matters affecting the hospital and domiciliary maternity services, including "social grounds" bookings, shortages of midwives, flying squad, maternity co-operation cards, etc., were fully and advantageously discussed.

Midwifery Training Scheme.—By arrangement with the Birmingham Regional Hospital Board, the County Council participate with the Shrewsbury Group Hospital Management Committee in the operation of a Part II Midwifery Training School at Copthorne Hospital, Shrewsbury.

The number of pupil midwives authorised to be in training at any one time is eight (4 in the School and 4 on the District) and seven of the Council’s midwives, all in Shrewsbury, are approved as teaching district midwives.

By the end of 1963, twenty-three pupils had completed training and twenty-two of these were successful in obtaining their Part II Midwifery Certificate; four other pupils were in training on the district on 31st December, 1963.

HEALTH VISITING

Under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, no nurse is allowed to undertake health visiting duties unless she has obtained the Certificate of the Royal Society of Health, or an equivalent qualification. Under a special dispensation of the Ministry of Health, however, nurses without this qualification are allowed to undertake certain health visiting duties. Dispensation in respect of part-time Health Visitors employed in this County who do not possess the Health Visitor’s Certificate was originally given by the Ministry for a period of two years from 1st May, 1949, and has been extended periodically, at present to 31st March, 1965.

The following table indicates the numbers of Health Visitors and Nurse-Midwives engaged, whole-time and part-time respectively, in health visiting duties :

Table 49 : Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	On 31st December		
		1961	1962	1963
Tuberculosis Health Visitor	41	1	1	1
Health Visitors	11	33	36	35
District Nurse-Midwives (with Health Visitor’s qualifications) ..	(whole-time equivalent)	13	14	15
” ” ” (without Health Visitor’s qualifications) ..		19	16	16
	52	66	67	67
	—	—	—	—

In addition to the above, 4 whole-time School Nurses and 10 part-time staff undertaking duties as health visitors, school and clinic nurses were also employed. Practically all Health Visitors, whole-time and part-time, do school nursing and the following table shows their whole-time equivalent in terms of Health Visiting and School Nursing :

Table 50 : Health Visiting Staff : Whole-time equivalents

	Staff	Whole-time equivalent for	
		Health Visiting	School Nursing
Tuberculosis Health Visitor	1	1	—
Health Visitors	10	10	—
Health Visitors/School Nurses	25	18	7
District Nurse Midwives	36	3.76	2.6
School Nurses	4	—	4
Part-time Health Visitors’ school and clinic nurses ..	10	2.19	0.55
	86	34.95	14.15
	—	—	—

Health Visitor Training Scheme.—The Council’s Training Scheme is open to State Registered Nurses under 35 years of age who have either obtained the State Certified Midwives Certificate, or have completed Part I of the training for that certificate, and who are willing to enter into a contract of service with the County Council for a period of thirty-three months from the date of commencement of training. Under this scheme, the training and examination fees are met by the County Council and the student receives in respect of her period of training (approximately nine months in duration) three-quarters of the minimum salary for a Health Visitor. A trainee already in the Council’s service, however, whose salary as a nurse-midwife is above the minimum for a Health Visitor, receives during training three-quarters of the salary she was receiving immediately prior to training.

On the successful completion of training, the student enters the Council's service for the remaining period (two years) of her contract at the appropriate point on the Health Visitor's salary scale and at the end of this period, subject to satisfactory service, she is offered permanent employment in the County.

The approximate cost to the County Council of training a Health Visitor under this scheme is set out below :

	£	s.	d.
During training (75 % of minimum salary) ..	466	17	6
Tuition fee (average)	65	0	0
Examination fee	8	8	0
Travelling allowance (5/- per week) ..	9	15	0
	£550	0	6

Since the inception of this scheme in 1947 until the end of 1963, the number of students accepted for training was 44, of whom 38 were successful in obtaining their Certificates. Three students were in training at the end of the year and one will begin training in 1964.

Work Performed.—Particulars of work performed by Health Visitors during the year are given below. The majority of these visits were to children under five years of whom 26,529 individual children were seen compared with 25,229 in the previous year.

Table VI on page 103 shows the distribution of the work of part-time Health Visitors, over the various nursing districts.

Table 51 : Effective Visits paid by Health Visitors

Type of Case	Whole-time		Part-time		Total	
	Cases	Visits	Cases	Visits	Cases	Visits
1. Children—born in 1963	5,030	22,730	800	5,069	5,830	27,799
2. „ born in 1962	5,955	20,533	942	4,248	6,897	24,781
3. „ born in 1958—61	11,806	26,752	1,996	5,161	13,802	31,913
4. Persons aged 65 or over	900	2,606	373	1,200	1,273	3,806
5. Mentally Disordered Persons	628	2,172	49	203	677	2,375
6. Patients discharged from Hospital (other than Maternity)	439	512	59	147	498	659
7. Tuberculous <i>Households</i>	1,007	2,470	73	185	1,080	2,925
8. <i>Households</i> visited on account of other Infectious Diseases	169	248	55	63	224	311
9. School Children	1,777	3,087	481	1,083	2,258	4,170
10. Home Help	—	174	—	261	—	435
11. All Other Cases	1,748	3,168	101	150	1,849	3,518
TOTAL ..	29,459	84,722	4,929	17,770	34,388	102,692

Of the cases recorded against items 4, 5 and 6 above, the following numbers were visited by Health Visitors at the special request of a Hospital or General Practitioner :

Persons aged 65 years or over	134
Mentally disordered persons	32
Patients discharged from Hospital	93
TOTAL ..	259

In addition the Health Visitors made 12,495 ineffective visits. They also attended half-day sessions in clinics and schools as follows :

County Council Clinics	2,870
Hospital (including Chest) Clinics	365
Other Sessions or Clinics	668
School Health Service Sessions (including Hygiene inspections) ..	1,324
TOTAL ..	5,227

These particulars include work performed by the whole-time Tuberculosis Health Visitor (157 households, 511 visits, 172 sessions and 66 ineffective visits).

The agency arrangement with Montgomeryshire referred to on page 29 also covers health visiting in the parish of Brompton and Rhiston and during 1963 agency Health Visitors carried out 14 visits, involving 3 children under 5 years together with 4 visits to a mentally disordered person.

Health Services and General Medical Practitioners.—No formal arrangements have been made in this County for Health Visitors to be attached to General Practitioners or group practices. The establishment of Health Visiting staff is still well below strength and the difficulties of sharing staff between two or more Practitioners or practices would outweigh any advantages; but Health Visitors are encouraged to get to know and offer their help to the doctor in their area.

Practitioners may confer directly with local Health Visitors if they so wish.

If in any doubt, they may alternatively find it simpler to telephone or write about their need to the Central Health Department (Telephone: Shrewsbury 52211 and ask for Health Department with name of Section if possible). Such enquiries are welcomed and every effort is made to provide appropriate services.

HOME NURSING SERVICE

As in the case of the domiciliary midwifery service, the Council provide home nursing by the direct employment of nursing staff, except in the parishes of Brompton and Rhiston and Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which are covered by agency arrangements with the Counties of Montgomery and Radnor respectively.

Of the full-time Home Nurses in the Council’s service at the end of 1963, six were employed in Shrewsbury and one in Ironbridge. Elsewhere in the County, home nursing is combined with midwifery and undertaken by the nurse-midwives in the various nursing areas.

Cases attended.—Every case attended for home nursing purposes is the subject of a case report, completed by the nurse on termination of attendance or at 31st December where the patient is still on the nurse’s books. From these reports punched card statistics are obtained for the purposes of official returns and study of the various aspects of the service.

During 1963, home nursing was provided for 6,312 patients, who received 139,052 visits—an average of 22 per case. Compared with the previous year, cases increased by 112 and visits by 1,955.

The table below compares work undertaken in 1963, with that for the previous year. The whole-time Home Nurses each attended on average 122 cases for 3,629 visits or 30 visits per case ; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives each attended 76 cases for 1,567 visits—an average of 21 visits per case.

Table 52 : Home Nursing Cases

Year	Staff	Cases attended	Total Visits
1962	Home Nurses.. ..	1,012	29,861
	Nurse-Midwives ..	5,188	107,236
	TOTAL ..	6,200	137,097
1963	Home Nurses.. ..	975	29,029
	Nurse-Midwives ..	5,337	110,023
	TOTAL	6,312	139,052

In 1963, and for the first time since 1956 when the present system of case reports was introduced, the number of cases nursed at home increased over the previous year. With an ever increasing proportion of aged persons in the general population this increase is to be expected, but the fact remains that it is spread evenly over all age groups.

More cases were attended by the Home Nurses for conditions such as senility (62 more), injuries (36 more) and diseases of the heart and arteries (32 more). Fewer cases were attended suffering from diseases of the digestive system (63 less), and upper and other respiratory diseases (excluding Tuberculosis) (41 less).

Table VI on page 103 gives particulars of the number of cases attended in 1963 in each nursing district in the County, including those covered by agency arrangements.

Of the 6,312 cases attended :

3,086 (or 49 per cent) were 65 years or over when first visited during the year and received 94,893 visits (68 per cent of the total) ;

486 (or 8 per cent) were children under 5 years and received 2,825 visits (or 2 per cent of the total).

The increasing use of this Service for the aged is shown in the table below, and with the provision of Home Help for the elderly and chronic sick as indicated in Table 89 on page 64, it is clear that the Local Health Services are playing a major part in the care of the aged.

Table 53 : Home Nursing of the Aged (over 65)

Year	Cases		Visits	
		%		%
1956	3,072	39.1	93,863	60.4
1957	3,033	39.5	96,088	61.0
1958	3,119	43.5	99,388	64.8
1959	3,035	43.7	92,228	64.4
1960	3,023	45.1	94,652	65.8
1961	3,032	48.5	92,637	67.2
1962	3,033	48.9	90,585	66.1
1963	3,086	48.9	94,893	68.2

Diseases.—Table VII on page 104, shows the distribution, by diseases or ailments and according to sex and age groups, of all home nursing cases attended during the year.

As in previous years, conditions as follows were responsible for the larger proportion of cases attended : Injuries (622), anaemia (601), diseases of the heart and arteries (525), diseases of the skin and subcutaneous tissues (478), diseases of the breast and female genital organs (439) and upper and other respiratory diseases (excluding Tuberculosis) (416).

Referral.—Nurses attend patients only with the concurrence of the family doctors concerned : 76% of the cases attended were referred by Practitioners.

Occupations.—Of those attended—4,235 (or 67 per cent) were females.

The table below shows the distribution of home nursing cases according to their occupations and it will be seen that housewives provide the major part of the nurses' work :

Table 54 : Occupations

Occupation	Cases	Percentage
Pre-School	486	17.7
School	321	5.1
Actively employed	963	15.3
Housewives	3,406	53.9
Retired	1,055	16.7
Others (independent means, etc.) ..	81	1.3
TOTAL ..	6,312	100.0

The percentage of retired persons may seem rather contradictory in relation to Table 53, but the simple explanation is that housewives do not retire !

Treatments.—Of the 6,312 patients visited, 4,877 or 77 per cent, were attended for one particular purpose ; 1,126 patients (18 per cent of the total) were attended solely for injections, 1,371 (22 per cent) solely for dressings and 871 (14 per cent) for general nursing care only.

The statement below indicates the types of treatment given and the cases treated, those receiving more than one type of treatment being classified under that constituting the main reasons for nursing attendance.

Table 55 : Treatments

Treatment				Cases	Total	Visits	Total
Injections	..	..	..	1,126		29,545	
„ with other treatments	..	..	..	477		19,669	
					1,603		49,214
Blanket baths	..	..	..	290		7,779	
„ with other treatments	..	..	..	382		14,738	
					672		22,517
Enemas	..	..	..	266		1,608	
„ with other treatments	..	..	..	135		1,625	
					401		3,233
Dressings	..	..	..	1,371		24,280	
„ with other treatments	..	..	..	173		7,195	
					1,544		31,475
Changing of pessaries	..	..	..	150		751	
„ with other treatments	..	..	..	44		631	
					194		1,382
Washouts, douches, etc.	..	..	..	134		969	
„ with other treatments	..	..	..	76		905	
					210		1,874
General nursing care	..	..	..	871		23,032	
„ with other treatments	..	..	..	4		65	
					875		23,097
Preparation for diagnostic investigation	..	..	..	171		243	
„ with other treatments	..	..	..	6		29	
					177		272
Eye, ear, nose and throat treatments	..	..	..	87		1,660	
„ with other treatments	..	..	..	19		350	
					106		2,010
Others	..	..	..	530		3,978	
					530		3,978
TOTAL	..	..	..		6,312		139,052

Injections.—It will be seen from the above figures that 1,603 patients (25 per cent of all cases) received injections during 1963, and that 1,126 of these (70 per cent of injection cases) were attended solely for that purpose.

In all, injection cases accounted for 49,214 visits (35 per cent of the total) and those who had injections only without any other form of treatment received 29,545 visits (21 per cent of all visits).

Many cases, particularly those suffering from diabetes and anaemia, were visited every day of the year.

Table 56 shows, by disease or ailments, the numbers of cases whose treatment included injections, either solely or in conjunction with other treatments, and indicates anaemia, diseases of the heart and arteries, respiratory diseases, and diseases of the skin to be the principal conditions necessitating home nursing attention for injections.

Table 56 : Nursing cases receiving injections

Diseases	Cases receiving Injections				Visits
	Injections only	With general nursing care	With other treatments	Total	
Tuberculosis	16	2	—	18	678
Other infectious diseases	10	1	5	16	212
Malignant and lymphatic neoplasms	12	25	25	62	1,924
Asthma	21	5	3	29	471
Diabetes mellitus	48	6	27	81	11,280
Anaemia	553	18	24	595	16,659
Vascular lesions affecting central nervous system ..	3	10	9	22	1,005
Other mental and nervous diseases	22	1	7	30	1,777
Diseases of the eye	2	—	—	2	37
Diseases of the ear	11	—	7	18	104
Diseases of the heart and arteries	126	34	31	191	6,301
Diseases of the veins	3	—	5	8	466
Upper respiratory diseases	40	4	21	65	510
Other respiratory diseases	37	26	32	95	990
Diseases of the digestive system	18	2	12	32	735
Diseases of the urinary system and male genital organs	7	3	2	12	160
Diseases of the breast and female genital organs ..	26	3	22	51	886
Complications of pregnancy and the puerperium ..	69	6	6	81	691
Diseases of the skin and subcutaneous tissues	39	—	48	87	860
Diseases of the bones, joints and muscles	31	1	8	40	1,766
Injuries	7	—	18	25	413
Senility	3	4	7	14	790
Other defined and ill-defined diseases	22	3	4	29	499
	1,126	154	323	1,603	49,214

The provision from the end of August, 1962, of sterile syringes for all members of the nursing staff in the Borough of Shrewsbury and subsequently for nurses in other areas of the County, as reported on page 45, has proved of marked assistance to the staff and has fulfilled all expectations.

Nursing of Children.—The report of a Committee of the Central Health Services Council on “The Welfare of Children in Hospital” states that when the nature of a child’s illness and conditions permit, mothers should be encouraged to nurse a sick child at home under the care of the family doctor and assistance where necessary from the home nurse and the home help service. Co-operation between the family doctor and the local health authority services with the help of the hospital and specialist services can prevent in suitable cases the removal of the child from home. For children in hospital, the health visitor should keep in touch with the family and encourage the parents to visit the child. A report of the health visitor on the home and family circumstances can be a useful factor in determining the best means of after-care and the prevention of a recurrence of illness. On discharge of a child from hospital, use should be made of the full range of local health authority services in consultation and co-operation with the family doctor.

No special arrangements are in force for the nursing of sick children, other than for premature infants. Premature baby cots, complete with stand, mattress, blankets, mackintosh sheet, hot water bottle and special feeder are held by nurse-midwives in strategic parts of the County for use in such cases. During 1963, the Council’s Health Department enjoyed excellent liaison with Dr. J. C. Macaulay, Consultant Paediatrician, Copthorne Hospital, Dr. B. D. Bower, Consultant Paediatrician at the Sorrento Maternity Hospital, Birmingham and Dr. E. G. G. Roberts, Consultant Paediatrician at Maelor General Hospital, Wrexham.

Figures in Table VII on page 104 show that 486 children under 5 years and 287 between 5 and 15 years received home nursing treatment during 1963. Of those under 5 years, 238 were referred to the nurses by the family doctor and 41 by hospitals. Of those dealt with in this age group, 28 were subsequently admitted to hospital and 37 referred by the nurses either to the family doctor or to hospital out-patient departments.

The principal conditions necessitating home nursing treatment for children are summarised in the table below.

Tabel 57: Principal conditions necessitating Home Nursing for Children

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	124	74	198
Diseases of the skin and subcutaneous tissue	61	61	125
Other respiratory diseases	43	27	70
Diseases of the digestive system	31	24	55
Upper respiratory diseases	25	28	53

When notifications are received from hospitals of the discharge of children, these are passed on to the health visitors, who visit and ensure that full advantage is taken of the local health services.

Completed Cases.—Of the 6,312 cases attended, 5,144 (or 81 per cent) were removed from the books for varying reasons during the year. Table VIII on page 105 gives particulars of these cases by diseases, length of time on the books, visits, etc.

The reasons for cessation of home nursing attendance are given in the table below :

Table 58 : Cases removed from the Nursing Registers

	Cases	Percentage
Recovered, relived or convalescent	2,961	57.6
Admitted to hospital or nursing home	787	15.3
Died	567	11.0
Referred to out-patients, own doctor, etc. ..	542	10.5
Gone away	196	3.8
Treatment undertaken by patient, relative, etc. ..	38	0.7
Discontinued	34	0.7
Others	19	0.4
	5,144	100.0

Of the 567 patients who died, major causes were diseases of the heart and arteries (28 per cent), cancer (24 per cent), vascular lesions affecting the central nervous system (21 per cent) and senility (10 per cent).

Each patient was attended on the average for 71 days and required 25 visits, or 2.5 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were few, amounting to 0.17 per cent of the total visits, or one visit in every 600.

VACCINATION AND IMMUNISATION

The Council's scheme under Section 26 of the National Health Service Act, 1946, provides for immunological protection against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, to ge given by general medical practitioners or by Assistant County Medical Officers at Welfare Centres and Schools.

Vaccination against Smallpox.—For many years our successive annual reports have recorded the same advice on the question of vaccination against Smallpox—that successful vaccination confers, after an interval, complete protection against death from this disease, and almost complete protection against catching the disease even when exposed to it; that this protection lasts for some years, that it is renewed safely and easily; and that vaccination is best done in early childhood.

Following the mass vaccinations which took place as the result of the outbreaks of Smallpox during early 1962, the Ministry of Health advised that the best time to vaccinate babies against Smallpox was between the ages of one and two years, when there may be less risk of the rare central nervous system complications, and the presence of eczema, one of the chief contra-indications, is unlikely to be missed.

The Council's immunisation programme was amended accordingly with a resultant drop in the numbers of children receiving primary vaccination before their first birthday. However, many general practitioners continued to vaccinate during the early months of life. Consequently, of 833 children who received primary vaccination before their first birthdays during 1963, only 30 had been done by the Council's Medical Officers. On the other hand, 934 children between the ages of one and two years of age were vaccinated by the Council's Medical Officers, compared with 258 by general practitioners.

In 1963 there were performed in Shropshire 2,097 successful primary vaccinations in children under 5 years. Of these, 1,924 children were under two years of age and these, together with the 2,580 babies under one year who received primary vaccination in 1962, represent 41 per cent of the births in 1962 and 1963.

In all, primary vaccinations in 1963 totalled 2,541, of which 2,421 were successful, and revaccinations 498, with 465 successful. Of the total of 3,039 vaccinations performed, 1,745 were done by general medical practitioners and 1,294 by County Council medical staff.

Particulars are given in the table below of the distribution in the areas of Local Authorities in the County of all persons vaccinated and revaccinated in 1963.

Table 59 : Primary Vaccinations and Revaccinations Performed

Area	Local Authority	Births 1962 and 1963	Under 2 years		2—4 years		5—14 years		15 years and over		Total	
			P	S	P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	81	18	17	1	1	4	4	3	3	26	25
	Ellesmere Rural ..	253	31	29	4	4	37	37	13	13	85	83
	Wem Urban	76	27	27	—	—	5	5	11	11	43	43
	Wem Rural	419	57	53	2	2	4	4	12	12	75	71
	Whitchurch Urban ..	249	21	20	2	2	1	1	9	9	33	32
North-East Combined Districts	Dawley Urban ..	410	99	91	4	4	11	10	11	11	125	116
	Market Drayton Urban	249	37	36	4	4	6	5	4	3	51	48
	Drayton Rural ..	420	51	49	9	9	7	6	5	5	72	69
	Newport Urban ..	210	75	69	6	6	2	2	10	10	93	87
	Oakengates Urban ..	491	126	107	9	8	7	7	13	10	155	132
	Shifnal Rural	520	62	59	8	8	11	11	20	19	101	97
	Wellington Urban ..	562	133	129	10	10	11	9	23	19	177	167
	Wellington Rural ..	1,001	201	186	16	16	11	11	23	21	251	234
South-West Combined Districts	Atcham Rural ..	841	120	115	9	9	8	7	48	43	185	174
	Bishop's Castle Borough	32	16	16	1	—	—	—	2	1	19	17
	Church Stretton Urban	72	5	5	1	1	1	1	13	13	20	20
	Clun Rural	291	29	27	4	3	9	5	24	23	66	58
—	Ludlow Borough ..	222	37	36	—	—	3	2	8	5	48	43
	Ludlow Rural	407	71	67	2	1	4	4	18	17	95	89
—	Bridgnorth Borough ..	326	69	66	9	9	2	2	2	2	82	79
	Bridgnorth Rural ..	472	98	95	3	3	6	6	13	13	120	117
	Wenlock Borough ..	467	105	102	12	12	13	11	13	13	143	138
—	Oswestry Borough ..	433	118	114	14	14	26	26	65	63	223	217
	Oswestry Rural ..	619	103	100	10	10	20	19	36	36	169	165
—	Shrewsbury Borough ..	1,771	329	321	64	62	66	64	123	118	582	565
	TOTAL ..	10,894	2,038	1,936	204	198	275	259	522	493	3,039	2,886

Diphtheria.—There was no notified case of, or death from, Diphtheria in 1963. In the ten years from 1953 to 1962 there was only one notification and one death—the former in 1961 of a boy of 13, who had been immunised as a baby and recovered fully after treatment, and the latter of a woman of 72 years, due to syncope, toxæmia and throat infection, but without any bacteriological evidence. Twenty years ago, in 1943, there were 53 notified cases and 6 deaths.

In 1963, primary immunisations against Diphtheria numbered 5,126 and re-inforcing injections 3,442 County Council medical staff undertaking 2,125 of the former and 2,067 of the latter.

Primary immunisations included 2,165 children born in 1963 and this represents 39 per cent of the 5,571 births in that year. Immunisation is now started at the age of 2 to 5 months.

The table following shows the distribution in Local Authority areas of all children immunised in Shropshire in 1963.

Table 60 : Children Immunised against Diphtheria in the various County Districts

Area	Local Authority	Births 1963	Primary Immunisations—Children born in				Re-inforcing
			1963	1962—1959	1958—1949	Total	
North-West Combined Districts	Ellesmere Urban ..	51	24	23	2	49	20
	Ellesmere Rural ..	117	58	71	63	192	47
	Wem Urban	39	20	20	6	46	72
	Wem Rural	213	61	90	34	185	71
	Whitchurch Urban ..	110	44	36	6	86	42
North-East Combined Districts	Dawley Urban	222	116	90	7	213	184
	Market Drayton Urban	136	36	42	9	87	93
	Drayton Rural	210	56	101	7	164	157
	Newport Urban	107	73	61	4	138	86
	Oakengates Urban ..	258	123	95	11	229	264
	Shifnal Rural	289	97	109	6	212	96
	Wellington Urban ..	303	117	124	17	258	153
	Wellington Rural ..	515	180	232	37	449	349
South-West Combined Districts	Atcham Rural	425	175	219	18	412	172
	Bishop's Castle Borough	13	8	14	—	22	38
	Church Stretton Urban	36	26	25	9	60	20
	Clun Rural	152	25	50	1	76	43
—	Ludlow Borough ..	104	49	53	10	112	90
—	Ludlow Rural	201	87	82	5	174	102
—	Bridgnorth Borough ..	145	74	69	12	155	92
	Bridgnorth Rural ..	244	71	118	11	200	114
	Wenlock Borough ..	243	105	118	22	245	111
—	Oswestry Borough ..	213	71	122	20	213	65
	Oswestry Rural	323	83	155	20	258	73
—	Shrewsbury Borough ..	902	386	414	91	891	888
	TOTAL ..	5,571	2,165	2,533	428	5,126	3,442

Whooping Cough.—Facilities for immunisation against Whooping Cough have been available in this County since the coming into operation of the National Health Service Act, and parents have been encouraged to have children protected at the early age of two to three months, since the disease takes its greatest toll in very young infants.

In 1963, there were 221 notified cases of Whooping Cough—an increase of 150 over the previous year, at 71, was the lowest number recorded in Shropshire. Twenty years ago, in 1943, there were 705 notified cases and 11 deaths. The table following shows the numbers of notified cases and deaths over five-year periods from 1949.

Table 61 : Whooping Cough—Five-Year Averages

	1949—53	1954—58	1959—63
CASES :			
Total ..	3,863	3,366	909
Average	772.6	673.2	181.8
DEATHS :			
Total ..	17	1	2
Average	3.4	0.2	0.4

Both deaths in the last five years were of unvaccinated infants.

During 1963, children immunised against Whooping Cough numbered 4,577 of whom 2,838 were done by general medical practitioners and 1,739 by County Council medical staff. Children born in 1963 and immunised during the year totalled 2,099 or 38 per cent of the year's births.

The table below shows the distribution in the areas of Local Authorities of all children immunised during the year.

Table 62 : Whooping Cough—Children Immunised in Sanitary Districts

Area	Local Authority	Births 1963	Children Immunised			
			Born 1963	1—4 years (62—59)	5—14 years (58—49)	Total
North-West Combined Districts	Ellesmere Urban	57	24	23	2	49
	Ellesmere Rural	117	57	70	5	132
	Wem Urban	39	20	20	4	44
	Wem Rural	213	60	86	4	150
	Whitchurch Urban	110	43	33	1	77
North-East Combined Districts	Dawley Urban	222	116	88	6	210
	Market Drayton Urban	136	36	41	1	78
	Drayton Rural	210	56	94	2	152
	Newport Urban	107	73	58	2	133
	Oakengates Urban	258	123	93	5	221
	Shifnal Rural	289	93	110	2	205
	Wellington Urban	303	116	119	8	243
	Wellington Rural	515	176	215	10	401
South-West Combined Districts	Atcham Rural	425	174	213	7	394
	Bishop's Castle Borough	13	8	14	—	22
	Church Stretton Urban	36	25	22	—	47
	Clun Rural	152	25	50	1	76
—	Ludlow Borough	104	49	49	—	98
—	Ludlow Rural	201	83	77	1	161
—	Bridgnorth Borough	145	74	65	2	141
—	Bridgnorth Rural	244	68	107	2	177
—	Wenlock Borough	243	105	110	3	218
—	Oswestry Borough	213	70	119	3	192
—	Oswestry Rural	323	78	153	9	240
—	Shrewsbury Borough	902	347	364	5	716
	TOTAL	5,571	2,099	2,393	85	4,577

Reactions to Whooping Cough antigen may be sharp and even occasionally serious. It is felt that a child should not be given Whooping Cough antigen if it is febrile, if it is suspected of having a cold or otherwise being out of sorts, or if there is any history in the family of allergy such as eczema, or of convulsions or anomalous attacks which might be of nervous origin.

These dangers are real, but if such reasons suggest leaving a young baby unprotected, it may be some consolation to remember that the very young infant at risk may gain indirect protection if older children in the household are protected by (previous) immunisation, and that the Consultant Children's Physician some years ago expressed willingness to receive into hospital the older sibling developing Whooping Cough in a household where a new baby was expected shortly and if alternative accommodation could not be found.

Tetanus.—Protection against Tetanus was given in 1963 to 4,918 children under 5 years of age (2,823 of whom were immunised by general medical practitioners) and to a further 1,406 children between 5 and 14 years.

These figures are mainly due to the use of Triple Antigen, resumed in October, 1961, for the primary immunisation of babies. During the autumn term of 1963, however, school children who had not previously been immunised against Tetanus were given the opportunity of receiving it at school, more often than not in combination with their Diphtheria 'booster' injections.

It has long been agreed that routine protection against Tetanus should be given to all, and especially to children in rural counties. This should prevent deaths from casual infections—there were 19 deaths from Tetanus in England and Wales in 1962. Three cases were dealt with in 1963 in hospitals under the control of Shrewsbury Group 15 Hospital Management Committee, one originating from Montgomeryshire and two—boys aged 8½ and 14 years—from Shropshire. Neither of the Shropshire cases had been protected against Tetanus and the boy of 8½ years died.

Routine active immunisation with Tetanus Toxoid has been recommended because patients who sustain a wound likely to give rise to Tetanus and are treated with Antitoxin, may, especially if they have received it on some previous occasion, be subject to serum reaction, the dangers of which increase with repeated use of Antitoxin. Furthermore, the immunity conferred by Antitoxin is known to be short lived and such injections, if repeated, may not endure adequate protection. Active immunisation with Tetanus Toxoid will obviate these dangers and provide sufficient protection.

Particulars of every child receiving a course of injections against Tetanus from the Council's medical staff are supplied to the family doctor in the form of a gummed slip for attaching to the child's medical records.

While the Whooping Cough antigen can cause upsets and even danger on occasion, we do not think that Tetanus antigen ever does; it should be remembered that we supply a combined Diphtheria-Tetanus antigen for primary or booster doses.

Vaccination against Poliomyelitis.—Protection against Poliomyelitis is available to all persons up to the age of 40 years, and also to special classes comprising in the main persons generally at risk through contact with the public. Sabin (oral) vaccine has been primarily used and preferred by the recipients, although a small supply of Salk vaccine has also been available for those who wished it. In some cases, general practitioners have used quadruple vaccine (Quadrilin), giving simultaneous protection against diphtheria, whooping cough, tetanus and poliomyelitis, for the primary immunisation of infants, but this is obtained on prescription and is not supplied by the Local Health Authority.

Sabin vaccine can be administered to those who have had two injections of Salk not more than 10 to 12 months previously—two doses being given at a month's interval.

The table following shows the numbers of persons who received primary courses of one or other vaccine during 1963 :

Table 63 : Persons receiving Primary Immunisation

Vaccinated by	Partially immunised Salk or Quadrilin	Fully immunised			Total
		Salk or Quadrilin	Sabin	Sabin following Salk	
County Council Medical Officers	29	82	3,887	101	4,070
General Medical Practitioners ..	382	519	1,646	174	2,339
TOTAL ..	411	601	5,533	275	6,409

Fourth doses continued to be made available to children between 5 and 12 years, and visits were made to schools for this purpose in the Summer term of 1963. The offer of fourth doses was also included by the Minister of Health in May, 1963, to the following:—

General Practitioners, Ambulance Staff, Medical Students, practising dental surgeons and others who come into contact with dental patients, practising nurses, other hospital staff who come into contact with patients, public health inspectors who may come into contact with poliomyelitis cases, the families of all these and also persons travelling or residing abroad except Canada and the United States of America.

Fourth doses may also be given to other persons who have been or are likely to be in contact with cases and therefore considered at risk, i.e. neighbours, close friends and relatives.

Sabin vaccine was generally provided for fourth doses, although persons who so desired were given Salk.

The following table shows the number of persons who received fourth (or booster) doses in 1963 :—

Table 64 : Persons receiving Booster Doses

Vaccinated by	Born 1943—63	Born 1933—42	Others	Total
County Council Medical Officers	4,708	24	94	4,826
General Medical Practitioners ..	471	4	6	481
TOTAL ..	5,179	28	100	5,307

In the absence of demand from the public, no evening sessions were held in 1963 and no visits made to industrial undertakings. Ten visits were, however, made to H.M. Prison, Shrewsbury where 516 doses of Oral vaccine were given.

The table following shows the numbers of persons who have received protection against Poliomyelitis since 1959 :

Table 65 : Persons protected since 1959

Categories	Vaccinated in					Total
	1959	1960	1961	1962	1963	
Born 1943—1963 ..	47,453	9,001	5,670	10,563	5,744	78,431
Born 1933—1942 ..	10,339	7,932	2,103	2,363	315	23,052
Others ..	2,680	5,641	7,557	5,529	350	21,757
TOTAL ..	60,472	22,574	15,330	18,455	6,409	123,240

Vaccination against Yellow Fever.—Travellers to certain countries in the East and in South America are required, as a condition of entry, to produce an International Certificate of Vaccination against Yellow Fever.

Facilities for such vaccination were, until 1st July, 1960, provided under Part II of the National Health Service Act, 1946, as part of the Hospital and Specialist Services at nineteen Regional Blood Transfusion Centres throughout the Country.

In Circular 19/59, the Ministry of Health informed Local Health Authorities that a type of freeze-dried vaccine had been developed suitable for storage in an ordinary refrigerator and asked whether Authorities would be prepared to provide this Service as part of their arrangements for the prevention of illness under Section 28 of the Act, the intention being to designate some forty Local Authority Centres for this purpose.

In the light of the geographic situation of Shrewsbury, in relation to existing vaccination centres at Birmingham and Liverpool, and being the road and rail junction for Wales, the Health Committee agreed to provide this service and following confirmation by the Minister of Health the Council's proposals under Part III of the Act were amended accordingly.

From the 1st July, 1960, therefore, the County Health Department has been a designated Yellow Fever Vaccination Centre where travellers are vaccinated by appointment and an International Certificate issued. A fee of fourteen shillings is payable for each vaccination irrespective of whether the traveller resides in the County or elsewhere.

By the end of 1962, 322 persons had been vaccinated against Yellow Fever at this Department and a further 159 vaccinations were undertaken during 1963.

Travellers and their family doctors are asked to take note that the accepted time for Yellow Fever immunisations is 3-0 o'clock in the afternoon of the first and third Mondays in the month. Attendance must be preceded by appointment, but, in cases of emergency, an attempt will be made to provide the service at other times if notice is given, preferably by enquiry which is best made at about 9-15 a.m.

County Central Syringe Service.—After considering the implications of the most up-to-date information on the preparation and sterilisation of syringes and needles, the Health Committee in 1960, authorised the provision of a central syringe service unit, which commenced operation in April, 1961.

The Service was designed to produce up to 300 outfits per day, each outfit consisting of a lubricated interchangeable syringe with needle mounted, enclosed in an aluminium tube with a cotton wool swab at the open end; the tube is sealed with a heavy aluminium foil cap and sterilised for not less than one hour at a temperature of not less than 160°C, the process being checked by chemical indicators. Following sterilization, a self-adhesive label is attached to the cap of each tube indicating that the outfit is sterile and bearing the batch number. In this way the indication of sterility is automatically removed to extract the syringe, so that used and unused items cannot be confused during mass immunisation sessions. No rinsing is required on the part of the user if the outfits are returned to the unit on the day of use. The used syringe (with needle still mounted) is returned to its tube after use.

When received back in the syringe unit the items are dismantled—tubes, syringe barrels and pistons into separate polythene bowls and needles into pads of cellulose foam to protect the points. The dismantled items receive a preliminary rinse in cold water to remove traces of injection material, following which they are left in a very hot weak solution of Sapo Mollis B.P. for at least ten minutes. Syringe barrels are cleaned by a rotary brush, pistons by soaking and hand brushing where necessary; and mounted in wire trays wherein they are conveyed to a rinsing tank and rinsed with five complete changes of water at 180°F., some two hundred syringes completing this latter procedure in less than fifteen minutes. Needles are cleaned by "hubbing" on a rotary nylon brush, then washed through with hot soap solution and rinsed in hot clean water.

All components are dried in a hot air cabinet, following which the needles are subject to individual microscopic inspection and any defective point is reshaped by using a "lead lap" needle sharpener (needles repointed in this way, are, of course, returned to the washing procedure before use); syringes are lubricated with a silicone fluid and the components re-assembled for sterilization.

Following these proceedings the assembled syringe and needle is sealed before sterilization and is, thereafter, not subject to handling or aerobic contamination until the outfit is opened for use.

During the first eight months' operation to the end of 1961, the service produced 53,810 outfits but, towards the end of that period, two significant factors (a national shortage of Salk poliomyelitis vaccine and the impending re-introduction of "Triple" Antigen) led to a marked reduction in the demand for sterile injection outfits and this trend continued with the introduction of Sabin oral vaccine for poliomyelitis early in 1962.

The combined effect of these events resulted in a decision of the Health Committee that the unused capacity of the Syringe Service should enhance the efficiency of the Home Nursing and Midwifery Service by the provision of sterile injection outfits for domiciliary use.

Starting in August, 1962, with a pilot scheme in the Borough of Shrewsbury, the provision of these outfits for nurses and midwives has been gradually extended until, at the end of 1963, the service was catering for 40 nurses in 17 district (representing 44% of all our nurses and 32% of our nursing districts), in addition to covering all immunisation and clinic work undertaken by the Department.

The output of the central unit during 1963 was 43,473 outfits (10,209 more than in 1962).

AMBULANCE SERVICE

Report of the County Ambulance Officer

As the time to write this report approaches each year, the task of producing it in a form at once brief, informative to new readers, and entertaining to those familiar with the operation of the Service, becomes more difficult, and it may not be amiss if from time to time we "recap" the development of the Service by clothing statistics with a fuller story.

Operation.—The Ambulance Service in Shropshire, set up in 1948 under Section 27 of the National Health Service Act, 1946, has been operated from a Central Control almost from its inception. The Central Control room is now situated in the Ambulance Service Headquarters, Abbey Foregate, Shrewsbury (Telephone No. Shrewsbury 6331), and is manned throughout the twenty-four hours so that effective action can be taken at any time, vehicles being despatched as most convenient from the main central station at Shrewsbury or from subsidiary stations at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth, Ludlow and Bishop's Castle.

The emergency 999 system is now almost universal and the procedure should be well known, but it is perhaps not out of place here to remind everyone calling an emergency service to give their message carefully and unhurriedly, because time so used is never wasted. Be at pains to state the exact point where the ambulance is required and how to find it easily. Many place names in Shropshire are duplicated.

The Service is also administered from the Headquarters in Abbey Foregate, and any enquiries should be directed there.

Communications.—Although the intelligent and extensive use of the telephone in the early days resulted in an improved measure of control of vehicles on the road, the decision to establish control by radio telephony was taken in 1953. Salop was amongst the first authorities to take this step, and the result has been a continuing reduction of "miles-per-patient" as a result of the lessening of empty mileage made possible by continuing contact with vehicles on the road.

Two-way radio-telephone equipment is installed in 35 vehicles, with a main transmitter at Abdon Burf (height 1,795 feet), the highest point of the Brown Clee Hill, and a reserve transmitter situated at Lyth Hill (height 560 feet) on ground made available by the Atcham Rural District Council.

During the year the third stage of a programme for replacing radio equipment, most of which was first supplied in 1954, was carried out; annual replacement will be completed in 1964. The service will then operate on 25 kc/s channelling to conform with the requirements of the General Post Office, which came into force on 1st June, 1964.

Good communications are essential to any Ambulance Service and any new developments in this field are examined critically to ascertain their value in this County.

Vehicles.—The County Council possessed only nine ambulances prior to the appointed day, and twelve were taken over from other operators in the County.

With the greatest respect to the Authorities owning them, including the County Council, not much could be said in favour of these vehicles, and the need to replace them and increase the fleet resulted in orders of something like twenty new vehicles being placed just prior to and just after the inception of the service. Most authorities were similarly handicapped, and Salop was lucky in those crucial early days to get the vehicles needed. Since that time there has been an improvement in the quality of the vehicles resulting from the experience of operators and the efforts of manufacturers to meet their suggestions.

Rail Transport.—This means of transport has been used whenever possible, as it is not only more economical but often more suitable than travel by ambulance: recumbent patients remain on the same stretcher throughout the journey, transport from bed to station on entrainment and from train to final destination being undertaken by the Ambulance Service of the Local Health Authority for the area concerned. Unfortunately, some of the most recent designs of railway rolling stock are not suitable for this purpose and it seems likely that this very useful adjunct to the Service may ultimately be lost to us and may need to be replaced by normal ambulance transport.

Co-operation with other Services.—Direct telephone lines provide immediate links between the Police and Ambulance Service control rooms, and with the Royal Salop Infirmary, Shrewsbury, which is the County's principal hospital. A scheme prepared by the Chief Constable in consultation with the Hospitals and the Ambulance Service is designed to ensure the co-ordination of their various activities in the event of any major disaster, and has twice been successfully invoked, albeit for incidents where casualties fortunately were light. The plan is now being revised in minor detail in the light of this experience.

The major Emergency Services in the County—Police, Fire, Ambulance and Hospital—have always worked together happily, and we have not infrequently been indebted to the Police for road clearance by their motor patrol vehicles in the transport of emergency cases, and to the Fire Service for helpful advice and sharing of training.

Accidents.—Accidents have never represented a large percentage of the patients carried in Salop, but the increasing number and severity of the injuries caused by high speeds on the road, and high-speed and complicated machinery elsewhere, necessitates rapid transport to Hospital if death or total incapacity of the victim is to be avoided; this need is highlighted in the Report of the Standing Medical Advisory Committee on Accident and Emergency Services published in September, 1962.

Arrangements with other Ambulance Authorities.—Originally we did far more work outside our borders than we do today. Reciprocal arrangements in operation in border areas have not changed in recent years and have worked well.

The National Health Service (Amendment) Acts, 1949 and 1957.—The National Health Service (Amendment) Act, 1949, did not have any great overall effect in Salop. This amendment resulted in a modification of the original definition of responsibility (where the need arises) in that the Local Health Authority from whose area a patient has been admitted to hospital is required to bear the cost of ambulance facilities for the return journey on the patient's discharge if this occurs within three months from the date of admission. As a result of this amendment our gains and losses approximated very closely.

On the other hand the National Health Service (Amendment) Act, 1957, enabled the Council to make a charge in certain cases, and during the financial year 1963/64 the Service was reimbursed to the extent of £422 for attendance at industrial accidents and sporting events and for the conveyance of non-Section 27 cases, under the powers conferred by this Amendment Act.

Education Committee.—Similarly the Service has for some years claimed re-imbursement for transport which is provided when required, and when within the capacity of the Ambulance Service to give it, for the conveyance of children requiring speech therapy or other special educational treatment. During the financial year 1963/64, the amount received in re-imbursement was £269. Relief vehicles and drivers are also supplied, when requested, to replace existing transport provided for other Sections of the Health Department.

Staff.—Each year that the writer has contributed to this report, it has been a pleasure to give credit to the members of the whole and part-time staff of the Service and to the drivers of the Hospital Car Service organised for the Council by the Women's Voluntary Service.

On this occasion it is gratifying to be able to repeat the tribute, with a special mention of the way in which the Service was carried on during the wintry weather. Snow commenced on 26th December, 1962, and the months of January and February, 1963, provided the most difficult period of operations experienced since the Ambulance Service in its present form was established. The figures for operations carried out by the Service during these months are given below, and it will be seen that, despite bad weather and the fact that by arrangement with the hospitals we tried to avoid carrying the least important cases on the worst days (resulting, in fact, in very few cancellations), *we did more work in January and February, 1963, than during the same period the previous year.* Long hours were worked and some personal discomfort endured, and inevitably vehicular accidents occurred. During the period reviewed there were 12, of which 10 were due to road conditions, as opposed to 4, of which 2 were due to road conditions, in the same period the previous year. The increased work is indicative of the general trend throughout the year.

Months	Journeys	Patients	Mileage
January and February, 1962 ..	4,732	16,184	173,676
January and February, 1963 ..	5,639	18,143	186,176
Increase ..	907	1,959	12,500

The numbers of accident patients (included under "Patients" above) conveyed during these two months were: 1962: 291; 1963: 374.

General.—A Shrewsbury team were the winners of the County Competition and represented us, without success unfortunately, in the Regional round of the National Competition for Ambulance Services at Hampton Lovett in May.

Members of the Staff, for the second time, gave a demonstration at the Shropshire Farm Institute, Walford Manor, in connection with a Farm Safety Walk organised by the County Advisory Staff of the Ministry of Agriculture, Fisheries and Food, and the Service Instructor gave talks on First Aid and Resuscitation to a number of outside organisations and schools.

Members of the Staff, under the direction of Mr. G. K. Rose, Consultant Orthopaedic Surgeon, assisted in the production of a training film strip on "Lifting and Handling" which has been received with great interest.

Safe Driving Competition.—All whole-time drivers have been entered annually since 1950 in the Driving Competition organised by the Royal Society for the Prevention of Accidents.

The following awards for 1962 were received during the year:

- Twelve Diplomas
- Three 5-year Medals
- Five 1st bars to 5-year Medals
- Four 2nd Bars to 5-year Medals
- Three 3rd Bars to 5-year Medals
- Two 10-year Medals
- One 3rd Oak Leaf Bar to 10-year Medal

Civil Defence.—During the year members of the Ambulance and First Aid Section continued routine training and took part in general exercises. Nine members passed the Standard Test recently instituted for Civil Defence volunteers. Instructors from Salop acted as examiners elsewhere in the Region.

County Council Owned Health Service Cars.—The Ambulance Service Central Administration are responsible for the Council’s motor cars used by District Nurses, Midwives and Health Visitors. At 31st December, 1963, such nursing cars numbered 80.

Statistics.—Statistical tables showing the establishment of vehicles and personnel and the work carried out by the Ambulance Service during 1963, with a comparison with the previous year or years, are set out in the following pages.

W. WALKER,
County Ambulance Officer.

Table 66 : Establishment of Ambulances, Dual-purpose Vehicles and Sitting-case Cars

	At 31st December							
	Ambulances		Dual-purpose Vehicles		Sitting-case Cars		Total Vehicles	
	1962	1963	1962	1963	1962	1963	1962	1963
Shrewsbury	14	14	2	4	5	5	21	23
Oswestry	5	5	—	1	1	—	6	6
Whitchurch	2	2	1	1	—	—	3	3
Market Drayton	1	1	—	—	—	—	1	1
Donnington and Shifnal ..	3	4	3	3	1	—	7	7
Wenlock	—	—	1	1	—	—	1	1
Bridgnorth	2	2	—	—	—	—	2	2
Ludlow and Craven Arms ..	4	4	2	2	—	—	6	6
Bishop’s Castle	1	1	—	—	—	—	1	1
TOTAL ..	32	33	9	12	7	5	48	50

Table 67 : Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of full-time)			Personnel Employed				Maximum Authorised Full-time Establishment
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Attendants		Total	
	M	F	M	M	F	M	M	F		Driver-Attendants
1962	44	5	9½	4	8	53½	4	13	70½	76
1963	47	5	9	3½	8	56	3½	13	72½	95

Table 68 : Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1962					31st December, 1963				
	Full-time		Part-time			Full-time		Part-time		
	Driver-Attendants	Attendants	Driver-Attendants	Attendants		Driver-Attendants	Attendants	Driver-Attendants	Attendants	
	M	F	M	M	F	M	F	M	M	F
Shrewsbury	27	5	1	—	4	30	5	1	—	4
Oswestry	7	—	2	6	2	7	—	2	6	2
Whitchurch	1	—	3	1	1	1	—	3	1	1
Market Drayton	—	—	3	—	1	—	—	3	—	1
Donnington and Shifnal ..	7	—	1	—	5	7	—	1	—	5
Wenlock	—	—	1	3	2	—	—	1	3	2
Bridgnorth	2	—	1	—	2	2	—	1	—	2
Ludlow and Craven Arms	—	—	8	2	8	—	—	8	2	8
Bishop's Castle	—	—	2	—	—	—	—	2	—	—
TOTAL ..	44	5	22	12	25	47	5	22	12	25

Table 69 : Work performed by Ambulances and Sitting-case Cars

Year	Ambulances		Cars		Women's Voluntary Services and other Supplementary Services		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1954	32,566	508,720	20,820	351,637	2,791	47,254	56,177	907,611
1955	41,140	584,714	20,306	352,672	2,212	33,617	63,658	971,103
1956	49,293	645,406	18,382	323,616	1,690	39,571	69,365	1,008,593
1957	50,314	625,079	16,466	276,133	1,908	47,795	68,688	949,007
1958	58,951	692,059	14,526	252,725	1,745	39,550	75,222	984,334
1959	68,352	792,449	12,601	217,732	2,219	48,132	83,172	1,058,313
1960	78,899	845,703	13,708	215,323	2,556	61,619	95,163	1,122,645
1961	84,007	886,018	12,791	193,912	4,128	87,466	100,926	1,167,396
1962	93,685	939,449	10,406	155,133	5,160	81,228	109,251	1,175,810
1963	101,455	997,457	10,478	150,124	4,568	72,149	116,501	1,219,730

NOTE.—For statistical purposes dual-purpose vehicles have been counted as ambulances.

Table 70 : Work performed by Ambulance Stations

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1963 (in terms of whole-time personnel)
Shrewsbury	19,117	42,740	450,949	35.72
Oswestry	2,644	16,912	157,000	9.20
Whitchurch	1,489	6,614	70,158	3.54
Market Drayton	519	3,538	34,672	2.09
Donnington	3,678	19,237	172,886	9.80
Shifnal	942	3,199	30,556	1.70
Wenlock	501	2,317	21,469	1.03
Bridgnorth	1,178	7,103	69,195	3.17
Ludlow and Craven Arms	3,582	9,884	135,178	6.25
Bishop's Castle	70	389	5,518	0.06
TOTAL ..	33,720	111,933	1,147,581	72.56

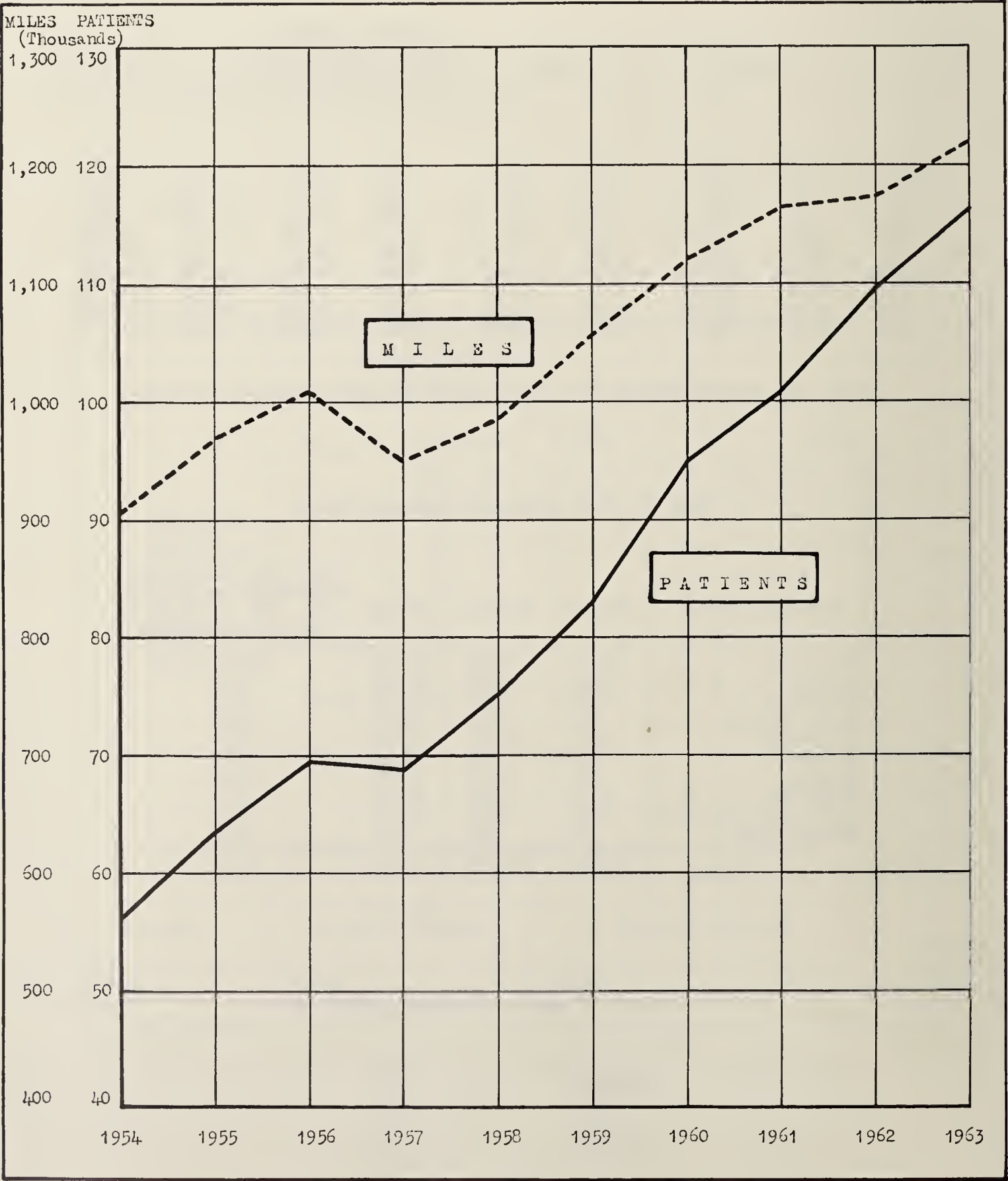
Table 71 : Categories of Patients Conveyed

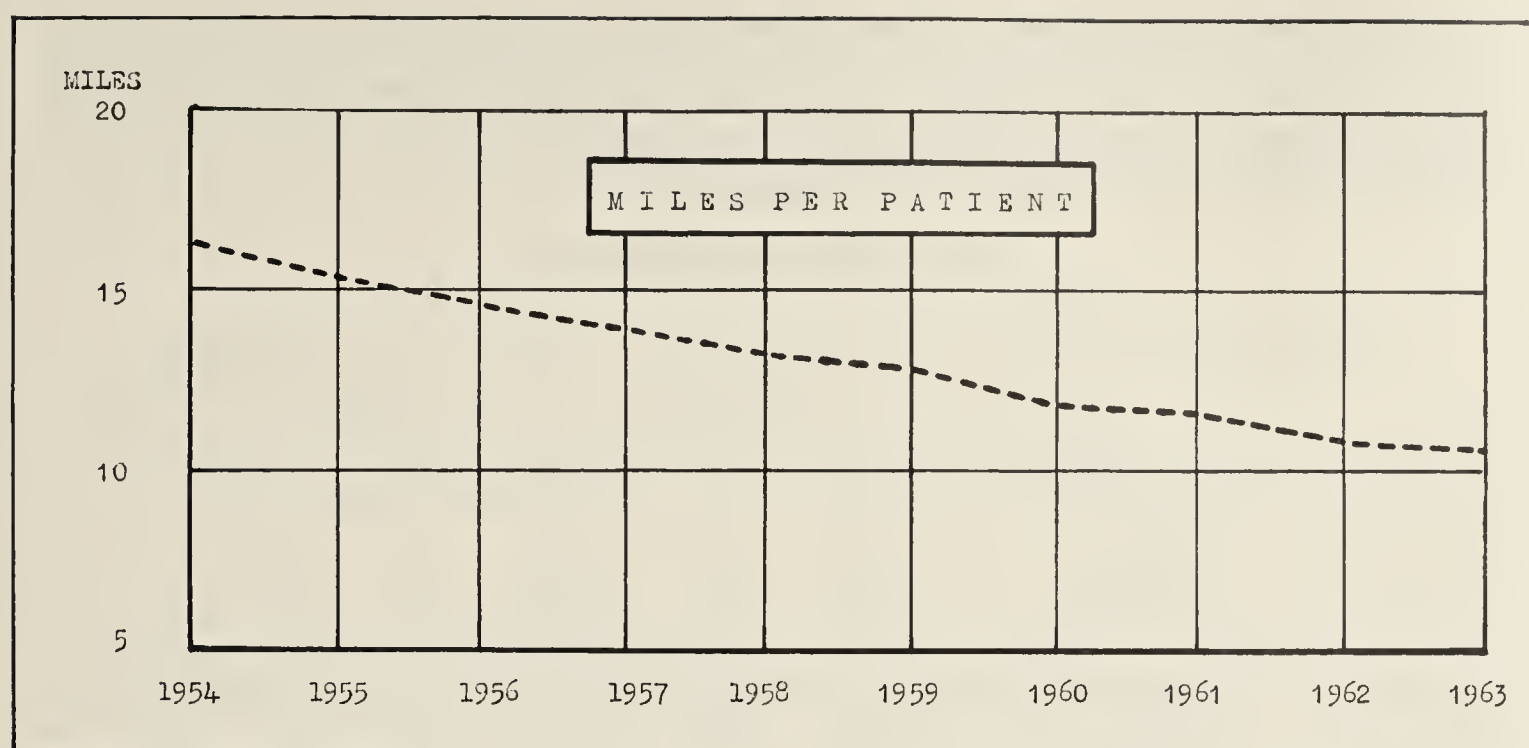
Maternity	1,339
Mental	218
Accident	2,485
Infectious	56
General	112,403
TOTAL ..	116,501

Table 72 : Patients carried and Mileage covered

Year	Patients	Mileage	Mileage per Patient
1954	56,177	907,611	16.2
1955	63,658	971,003	15.2
1956	69,365	1,008,593	14.5
1957	68,688	949,007	13.8
1958	75,222	984,334	13.1
1959	83,172	1,058,313	12.7
1960	95,163	1,122,645	11.8
1961	100,926	1,167,396	11.6
1962	109,251	1,175,810	10.8
1963	116,501	1,219,730	10.5

NOTE.—One more vehicle was equipped with a radio-telephone during 1963, making a total of 35 vehicles so equipped out of 50. Although the amount of work undertaken increased by approximately 7,200 patients conveyed and 44,000 miles travelled as compared with 1962, a further reduction was achieved in the figure for mileage per patient, which continued its downward trend, as shown by the graphs following.





PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The powers of the Local Health Authority to make arrangements for the prevention of illness and the care and after-care of sick persons are permissive, except whether otherwise directed by the Minister of Health; and in respect of persons suffering from Tuberculosis, the Minister has directed that such arrangements shall be obligatory.

Tuberculosis

Administration.—Under an arrangement with the Birmingham Regional Hospital Board, two-elevenths of the time of two Chest Physicians—one of Consultant status and one of Senior Hospital Medical Officer status—is made available to the Council for prevention and after-care purposes and for this service the Board is reimbursed with an equivalent proportion of the Chest Physicians' salaries.

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by whole-time Health Visitors employed by the County Council; a whole-time Tuberculosis Health Visitor is based at the Shrewsbury Chest Clinic, where she undertakes work on behalf of the Shrewsbury Hospital Management Committee in addition to her visiting duties, an appropriate portion of her salary being borne by the hospital authorities.

Report of the Consultant Chest Physician.—

(The figures given in brackets are the corresponding figures in 1962).

During the year 59 (48) persons were notified as having Respiratory Tuberculosis.

Of these: 5 (3) were diagnosed as a result of examination of "contacts".

9 were immigrants from the Commonwealth.

Also: 2 fatal cases occurred which had not been notified.

Of this total of 59 newly notified cases, tubercle bacilli were obtained from 36, who were thus shown to have been actually or potentially infectious, whilst 23 were not thus proved bacteriologically.

There were 12 deaths recorded as being attributable to Respiratory Tuberculosis. These consisted of 8 males aged 59—83 years and 4 females, 2 under 45 years and 2 between 45 and 65 years.

The total of newly notified cases of Respiratory Tuberculosis is somewhat higher than that of 1962 and shows that there are still a significant number of such cases occurring, 15% of this total being immigrants.

I am most grateful to the members of the Tuberculosis Voluntary Care Committee under the Chairmanship of Mr. R. J. S. Parry-Jones, for their most important work which enables help to be given when necessary to those of our patients in need of it. This work does continue to be of the greatest importance.

A. T. M. MYRES,
Consultant Chest Physician.

Mass Miniature Radiography.—Visits to this County for the purposes of public, industrial and school surveys were made during 1963 by the Mass Miniature Radiography Units from Wolverhampton and Stoke-on-Trent; and the following results of these surveys have been supplied through the courtesy of Dr. J. T. Hutchison and Dr. E. Posner, Medical Directors of the Wolverhampton and Stoke-on-Trent Units respectively.

Table 73 : Mass Radiography Results

Unit	Sessions	Persons X-rayed			Tuberculosis			
		M	F	Total	Active		Inactive	
					M	F	M	F
WOLVERHAMPTON	Public	40	47	87	—	—	—	—
	Industrial	4,094	2,806	6,900	2	3	37	10
	G.P. Referrals ..	945	955	1,900	4	3	4	9
	TOTAL ..	5,079	3,808	8,887	6	6	41	19
STOKE-ON-TRENT	Public	1,043	1,446	2,489	1	—	2	7
	Industrial	740	415	1,155	—	—	4	3
	G.P. Referrals ..	189	131	320	1	—	2	4
	TOTAL ..	1,972	1,992	3,964	2	—	8	14

The 14 cases of active or clinically significant Tuberculosis discovered in the 12,851 persons investigated gives a rate of 1.09 cases per 1,000. This seems a very low figure when one considers that about 17 per cent. of those investigated were sent because they were suspect and produced 8 cases of active Tuberculosis—a rate of 3.6 per 1,000 for this particular category.

The table below shows the cases of non-tuberculous abnormalities discovered by the Units during their visits to Shropshire in 1963:

Table 74 : Other Conditions

Condition or Abnormality	Wolverhampton Unit			Stoke-on-Trent Unit		
	Males	Females	Total	Males	Females	Total
Non-tuberculous fibrosis	22	6	28	4	2	6
Pleural thickening	23	17	40	5	3	8
Inflammatory lesions	3	4	7	6	3	9
Bronchiectasis	1	1	2	3	5	8
Abnormality of diaphragm	—	—	—	2	2	4
Emphysema	8	4	12	10	1	11
Cardio-vascular lesions	1	—	1	12	6	18
Congenital abnormality of bony thorax	6	—	6	—	—	—
Pneumoconiosis	1	2	3	4	—	4
Enlarged thyroid gland	3	3	6	1	1	2
Sarcoidosis	10	—	10	—	—	—
Bronchial carcinoma	3	—	3	3	1	4
Miscellaneous	—	—	—	5	2	7
Cases referred for further investigation	—	—	—	6	5	11
Old empyema	4	2	6	3	1	4
Acquired condition of ribs	—	—	—	—	—	—
TOTAL ..	85	39	124	64	32	96

Domestic Help.—Tuberculous persons are included amongst those provided with the services of Home Helps and during 1963 assistance was supplied through the Council's Domestic Help Service in 4 cases. Only those Home Helps who volunteer are employed in tuberculous households and they are paid 2d. per hour extra (*vide* page 63).

B.C.G. vaccination is offered to Home Helps willing to attend tuberculous cases and during the year 10 Home Helps were skin tested. Only one was a negative reactor and she was vaccinated.

Forty Home Helps had chest X-rays, no abnormality being revealed.

Open-air Shelters.—The distribution on 31st December, 1963, of the 34 shelters owned by the County Council was as follows:

At patients' homes	21
In store	13

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—B.C.G. vaccination against Tuberculosis can be given to infants and other young contacts of tuberculous patients and to those who are at special risk by reason of their occupation.

During 1963 a total of 234 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 252 for the previous year.

Vaccination of School Children.—Vaccination is also given, with parental consent, to:

- (a) school children in the year preceding their fourteenth birthday;
- (b) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education; and
- (c) whole school classes, which may include a few children under 13 years, for convenience.

A complete service is offered annually to Schools for the vaccination of 13 year olds as well as older children who may have missed vaccination or whose parents have previously refused it, so that every eligible child is done whose parents accept vaccination.

The following are the particulars of schools visited for B.C.G. vaccination purposes during 1963, with the comparative figures for 1962:

Table 75 : B.C.G. Vaccination in Schools

	Maintained and Grant-aided schools		Independent Schools	
	1962	1963	1962	1963
Schools visited	61	66	33	24
Children tested	3,579	3,445	535	474
Reactors—positive	365	326	85	54
negative	3,059	2,981	447	415
Not read	155	138	3	5
Children vaccinated	2,996	2,918	436	410
Negative reactors not vaccinated	63	63	11	5

The acceptance rate for B.C.G. vaccination for 1963 was 93 per cent.

In addition, special surveys were made at four schools where children had been in contact with known cases of Tuberculosis:

	<i>Tested</i>	<i>Positive Reactors</i>	<i>Negative Reactors</i>	<i>Not Read</i>	<i>Negative Reactors Vaccinated</i>
Children (all ages) ..	556	313	214	29	—*

*The negative reactors were all pupils under 13 years and therefore too young for vaccination. All will be retested when they reach 13 years of age.

Included in the number of positive reactors are 176 children who had earlier received B.C.G. vaccination.

Positive Reactors.—Appointments for chest X-ray by Mass Radiography are offered to all positive reactors and to their home contacts. The table below summarises the results of these investigations which are also included in the table on page 52.

	<i>Pupils</i>	<i>Home contacts</i>	<i>Staff</i>
Cases investigated	1,385	266	111
Recalled for large film examination ..	18	4	—
Cases of Tuberculosis discovered	3	1	—

The three cases discovered amongst the pupils were all from different schools. One was sputum negative, without any tubercular activity and non-infective; another was classed as a rather vigorous primary infection; and the third was an active case. The father of the latter case was also found to be suffering from Respiratory Tuberculosis and is the one case ascertained amongst home contacts.

Included in the above figures are 926 children and 110 staff from the schools at which special surveys were made. Eleven children were recalled for large film examination.

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1963 was as indicated in the table following, with comparative figures for the previous year:

Table 76 : Tuberculosis Registers

				1962		1963	
				Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
On register on 1st January				1,428	303	1,283	279
ADDED :	New cases			48)	14)	59)	19)
	Transfers in			25 - 77	- 15	29 - 94	5 - 25
	Restored to register			4)	1)	6)	1)
REMOVED :	Cured			136	22	89	30
	Non-tuberculous			-	-	1	1
	Died (all causes)			32 - 222	3 - 39	25 - 145	3 - 41
	Transfers out			47	11	27	6
	Recorded in error			1	-	-	-
	Lost sight of			6	3	3	1
On register on 31st December				1,283	279	1,232	263

On 31st December, 1963, the 1,232 persons on the Register of Respiratory cases were distributed as follows:

Under domiciliary supervision by Health Visitors	965
Not requiring supervision	232
In hospitals and sanatoria, as listed below	24
In Shelton Hospital, having treatment apart from Tuberculosis	11
	<u>1,232</u>

Table 77 : Patients in Hospitals and Sanatoria

Cheshire Joint Sanatorium	1
Cross Houses Hospital	14
Wrekin Hospital	8
Isolation, Copthorne Hospital	1
	<u>24</u>

Extra Nourishment.—Up to two pints of milk per day are supplied on the recommendation of the Chest Physicians to necessitous patients suffering from Respiratory or Non-respiratory Tuberculosis and during 1963 assistance was given in this way to 107 cases.

Shropshire Tuberculosis Care Committee.—This voluntary committee was formed in 1956 for the purpose of rendering assistance to necessitous tuberculous cases and their families in supplementation of statutory help. Income has been largely derived from the sale of Christmas Greeting seals and donations, but during 1963 funds were also raised by other means, such as coffee mornings, afternoon teas and the sale of Christmas cards.

During 1963, the case committee met on 12 occasions and approved assistance in a variety of ways to 67 cases (of whom 22 were new ones) at a cost of £537, compared with 64 cases and £432 during the previous year.

Health Education

The following reports on Health Education, Accidents in the Home and Home Safety are contributed by Mr. H. Harris, Health Education Clerk.

Health Propaganda.—The Department continues its health education activities. Doctors, Health Visitors, Nurses, Dental Officers, Dental Hygienists, Lay Staff, are all increasingly called upon to participate in programmes and speak in Schools, in Child Welfare Centres and to adult organisations on health matters.

Education that is designed to improve standards of health must begin at the top levels of intelligence and filter downwards. It is necessarily a slow process. When ultimately successful it results in a general realization that the maintenance of health calls for both positive and negative action and that good and hygienic personal habits and practices are desirable in the public interest, as well as that of the individual.

The welfare centres are the foci of local health teaching. The bases of County Council doctors, health visitors and nurses, they are visited by mothers and young children and are our own local offices or agencies. Although not used by all the population, nor even by all the mothers of the area, they still serve as points for the display of posters, distribution of leaflets, and setting up of displays, as well as a potential meeting place for allied activities, mothers' and other clubs and associations. In turn these last provide audiences interested in health matters who, with members and friends, can very considerably widen the effective scope of the normal Clinic or Centre.

At routine school medical inspections medical officers are accustomed to giving short talks, especially on themes suggested by local conditions. Both they and the Health Visitor-School Nurses are also asked by head teachers to give special talks from time to time, either in conjunction with school medical inspections or at other times and to parent-teacher associations. This applies equally to the Dental Officers and Dental Hygienists, who undertake dental health talks both in conjunction with dental inspections and by special request. Wherever it is possible to provide for this, the talks are illustrated by film, filmstrip or slide support, both in primary and secondary schools.

Outside organisations, Women's Institute Branches, Old People's Clubs, Women's Associations, local branches of the St. John Ambulance Association and the Red Cross, Soroptimists, Rotary Clubs, Parent-Teacher Associations and others either approach members of our staff or address requests to the County Medical Officer for talks or programmes of a health nature. We interpret "health" in the widest possible manner, believing that it is applicable to almost every phase of human activity, from the physical health of the individual and its fundamental requirements, e.g. dental health, nutrition, personal and food hygiene, protection or precautions to be taken against infection, to the special needs of the handicapped person and the social group. Our "Dental Health" programme was very much in demand as also was "Home Safety". "Smoking and Health" had somewhat less popular appeal but talks were given in a number of schools and to youth clubs. Almost all our illustrated talks in schools and elsewhere have been given by request and have included food and nutrition, hygiene, venereal disease, first aid, work of a public health doctor, health visitor, nurse-midwife, mothercraft, child care and management, the social services. The needs of our own personnel have not been overlooked and there has been provision for in-service training in the form of lecture-demonstrations at staff meetings and a local Central Council for Health Education In-Service Training Course.

Visual Aids.—These include a 16 m.m. sound film projector, two 35 m.m. still projectors, stand, screens, a back-projection standard screen and a "Da-lite" (reticulated) screen. This portable equipment allows of projection even where conditions are far short of ideal. We have a growing collection of filmstrips and slides and a few stand-by films. Most of our film material comes from the libraries. There is a relative scarcity of good and up-to-date health films and those we normally use are shown many times over to different audiences. The talk, which may precede or follow, is all the more important by reason of this deficiency, yet it would surely lose much of its effect if the visual presentations were absent. Normally we undertake our own projection and infrequently make use of school operators, mainly because speaker and projectionist can best function as a practised team and because this simplifies the safe and speedy return of borrowed films.

For most purposes the moving sound film in colour seems to be the most effective visual aid and that in most demand. Next in order of present importance is the slide, preferably in colour, being more flexible than the filmstrip which is fairly rigid as regards the sequence of component frames and is subject to damage from dust and scratching. Glazed slides need careful packing for transit.

Where there is no adequate film or strip support we prepare our own slides, utilizing book, magazine, poster and other illustrations. When projection is impracticable we make use of flannelgraphs, posters, charts, standard or specially prepared.

Opportunities for Health Education.—All of us in public health are perforce engaged in health education, which is the handmaid of preventive medicine. Not all of us are qualified specialists, practised public speakers, dedicated enthusiasts, visual aids practitioners or people on the platform, but we must be active (positively or negatively) in this field, both in and out of workaday hours. Our own specialised functions must inevitably colour our lives and influence those around us. The informal talk, advice proffered on consultation, the clinic session (and display background), the casual encounter, comment on a poster, leaflet or news item, personal trials undergone or shared, are all part of the pattern of acquiring and imparting knowledge and ideas fundamental to our health.

Recurring problems or the more urgent common needs suggest set talks and demonstrations, stimulate general interest and make even the more retiring among us either embark on formal lecturing or call in others to do it for us. There is always scope for practised speakers. A new face or a different approach in our own individual areas is often valuable both to ourselves and our audiences.

Larger and smaller groups have each their own special place in health education, and relative success is not simply a matter of size. The large audience calls for and justifies the use of more elaborate demonstration material and equipment. It consists of a wider cross-section of the public and provides a stimulus to the smaller units which are combined within it, but it should

be remembered that it is based on these smaller units and would be relatively ineffective without them. The smaller group has an inherently close-knit communion in which question, answer and discussion are natural modes of communication. Both in the larger and smaller groups some kind of break for refreshment provides opportunity for exchange of views and discussion of individual problems. Even a group of two can provide a safety-valve for one or both, but it will not have the scope of knowledge and range of experience of an organisation of three or more. The larger the group, the greater are the possibilities of organisation—and the difficulties of meeting all needs.

Exhibitions and Displays.—The Health Department mount exhibits or stands in various districts and as opportunities arise. The displays set up in our Child Welfare Centres are mainly the work of health visitors in charge, supplemented by exhibits from the Central Department. There are, in the entrance hall of the latter, facilities for poster and triptych displays which are topical and changed from time to time. These are on view to visiting members of the public and of the outside staff, and are frequently studied in detail. Occasionally they have given rise to further enquiry or comment, and requests for the supply of posters or leaflets for schools, private persons or doctors’ surgeries, which we are only too pleased to fulfil.

The Health Department’s stand at the Old People’s Festival in October, a three-day function organised annually by the Shropshire Old People’s Welfare Committee, portrayed in 1963 the general theme of “Health and well-being”.

This exhibit took the form of a triptych, supported by food and nutrition leaflets, the County’s Health Handbook and Home Safety Handbook.

General.—In addition to supplying items such as flannelgraphs, posters, display cards and units, charts and leaflets, Headquarters collect and circulate information concerning films or film strips to be hired or loaned, devise and prepare flannelgraphs and displays, photographs and slides, and on occasion make special notes available on loan.

We also distribute monthly 1,400 copies of the magazine “Better Health” (the official journal of the Central Council for Health Education) to mothers (via Welfare Centres), to health visitors, medical, nursing and lay staff and to schools in the County (other than Infants’ and Nursery Schools).

Health Education Talks.—The following table gives particulars of Health Education talks known to have been given in 1963 by field workers, and central office staff who are also involved, and has been compiled from information given by Assistant County Medical Officers, Dental Officers, Health Visitors and Nurses, and extracted from Headquarters records. Some of the subjects, e.g. Mothercraft and Personal Hygiene, were dealt with as a routine in Child Welfare Centres and Schools, and the figures given are understated. Others, notably Smoking and Lung Cancer and Home Safety, are themes of general public interest and were arranged at the request of the groups concerned. Owing to bad weather early in the year a number of talks had to be cancelled. In a brief visit the Oral Hygiene Service Mobile Dental Cinema van went to 15 schools and gave a dental health programme to 5,670 pupils.

Table 78 : Health Education Talks

Given by	Lecturers	Talks delivered			Illustrated by films, slides or strips	Numbers in audience
		Total	In Schools	Elsewhere		
Assistant County Medical Officers ..	5	16	14	2	16	1,250
Dental Officers	8	19	10	9	19	2,220
Health Visitors	9	11	1	10	11	180
Nurses	2	2	—	2	2	40
Others	5	20	4	16	18	600
		29	68	29	66	4,290
Visiting Mobile Dental Unit	1	15	15	—	15	5,670
TOTALS ..	30	83	44	39	81	9,960

Ideally, the health education talk is entertaining, informative and stimulating, at once capable of holding interest and fostering the impulse towards positive reaction. Results can rarely be measured, but occasionally there are indications of a degree of success, such as requests for return visits, repetition of programmes, requests stemming from programmes given to other bodies.

Smoking and Health

Twenty years ago smoking might have been considered a fairly innocuous social vice, a habit that might be offensive to the fastidious, economically wasteful, but none the less fairly prevalent in all grades of society and a source of revenue to the State.

Today the situation is rather different. Research and statistics show that there is a distinct correlation between cigarette smoking and the incidence of lung cancer, bronchitis and thrombosis. The consumption of tobacco in the form of cigarettes has risen steadily during the last sixty years as also has the death rate from lung cancer, and this death rate is appreciably higher for cigarette smokers than for smokers of tobacco in other forms.

Not all smokers, even cigarette smokers, develop lung cancer, but the percentage of heavy cigarette smokers who may expect to die from *all* causes before the age of 65 varies from 22 to 33 per cent, as contrasted with 15 per cent for non-smokers. That is, smokers die in far greater numbers. Deaths *from lung cancer alone* are likely to occur in smokers during early middle age. Lifelong heavy cigarette smokers' death rate from lung cancer is likely to be of the order of 1 in 8, whereas the corresponding figure for non-smokers would be of the order of 1 in 300. The facts from which these conclusions were drawn were published in the 1962 Report of the Royal College of Physicians on "Smoking and Health". They were indeed heavily stressed long before that in the introduction to the Annual Report of the County Medical Officer of Health for the year 1957, following the Medical Research Council and Government announcements in June of the latter year. The British Medical Association started the investigations which led to the Medical Research Council Report more than ten years ago, and it is some testimony to the intelligence of doctors that a large number of thoughtful ones are no longer smoking. Of a dozen who use the Consultants' lunch table at the Royal Salop Infirmary, Shrewsbury, probably only three smoke significantly.

At the Annual Representative Meeting of the British Medical Association at Oxford in July, 1963, the Section on "Medical Science, Education and Research" passed without dissension and with acclamation, the following resolution:

"That this Meeting, alarmed by the amount of lung cancer associated with tobacco smoking, urges the Ministry of Health and other relevant bodies to step up their anti-smoking campaign, directed particularly to the younger generation, by means of posters, television programmes, advertising, distribution of leaflets, and all other possible means".

The doctor moving the resolution pointed out that there were three times more deaths from lung cancer than from accidents on the roads, and seven times more deaths than from tuberculosis. Lung cancer should not be allowed to replace tuberculosis as the scourge. This was something on which the press could help. There should be a campaign directed at the younger generation. The fashion had already changed among doctors. Ten years ago two-thirds of the doctors smoked cigarettes, and this was now down to one-third. The press, the Ministry of Health, local authorities, the Ministry of Education, parents, teachers, and training colleges should all help in this.

For many obvious reasons prohibition is impracticable. There is no known means of determining whether an individual will develop lung cancer and suffer an early and unpleasant death in consequence of addiction to smoking. We are left with the alternative courses of education and discouragement of the habit in all age groups, especially in public places and in society, and ultimately perhaps the formation of an enlightened public opinion that eschews the habit of smoking on hygienic grounds.

In this County we have supported the Ministry of Health's campaign

- (a) by a programme of talks and the showing of films and slides in schools, public and private, available on request;
- (b) by displaying posters in clinics, council premises and elsewhere and by distributing leaflets;
- (c) by offering talks to organised groups.

During 1963 the programme was given to 8 schools (1,400 pupils) and the smoking habit was mentioned in general health talks. In all programmes the Ministry of Health film "Smoking and You" was shown, with or without slide and filmstrip support, in schools and to two youth clubs.

Accidents in the Home

Table 79 following shows the home accident cases known to have occurred in Shropshire during 1963. Ten of the cases were conveyed by ambulance to hospital. One hundred and ninety-four were patients either in or attending hospitals, including 50 children admitted for observation after they had had access to poisonous tablets or liquids. One hundred and sixty-two cases were attended by District Nurses, who gave after-care to the majority of hospital patients after their discharge. Several burns and scalds cases were in-patients for from five to eight weeks.

The total numbers represent an increase of 97 per cent on last year. There were no reported fatalities.

The numbers of accidents in all groups are approaching but still fewer than those one might expect from any analysis of national deaths statistics. It must be stressed that these are only those cases requiring nursing, hospital or ambulance attention.

Table 79 : Home Accidents

Category	Total	AGE GROUPS							
		0—5		6—64		65+		All	
		M	F	M	F	M	F	M	F
Burns and scalds	164	40	32	20	39	8	25	68	96
Poisoning:									
(a) Aspirin, etc.	29	16	13	—	—	—	—	16	13
(b) Paraffin and liquids	20	15	5	—	—	—	—	15	5
(c) Other	1	—	1	—	—	—	—	—	1
Falls	92	17	13	6	28	6	22	29	63
Others	42	13	5	3	16	1	4	17	25
TOTAL	348	101	69	29	83	15	51	145	203

Once more by far the largest category is burns and scalds, notable perhaps because they are painful, require lengthy treatment and can result in severe scarring or disability. Hot water bottles caused burns and scalds, the latter on bursting or when children bumped against the person filling them. Falls and their causes remain the greatest concealed (and preventable) hazards. A very large proportion of burns and scalds is associated with falls.

Climbing children precipitated accidents, to themselves or others. To the outsider observer few of the accidents were completely inevitable although a fair proportion of those reported happened to the frail or senile or handicapped. Only two are known to have occurred in households that might be regarded as accident-prone. Washdays and harassed mothers are together responsible for many mishaps. The ageing should take all possible care and use fire and spark guards. They should not mount chairs, tables or even ladders or steps.

The kitchen and scullery were the danger spots for the 6—64 years old females, and to both sexes under 5. Persons of all ages were injured in accidents with buckets of hot water, kettles, pans and stoves. Toddlers came into contact with grates and stoves when guards were removed and attention was distracted. One infant was burned on a hot guard but this could be a salutary experience. Far too many infants were involved in accidental scalds, at table from teapots and cups that should have been out of their reach, or when they fell into buckets of hot water.

Twenty-nine children under five ate aspirins or other tablets, twenty others drank paraffin, disinfectants, detergents or other liquids, and in consequence were admitted to hospital for observation and precautionary treatment. Aspirins and tablets, medicines and detergents should all be locked away, in suitable cupboards. They should not be left in handbags or on high shelves. Sparks burned two children when guards were in position. Several were burned because the guard was not a fixed one. The hearth is not as safe as it should be.

More accidents occur than are ever reported. By fortunate chance the majority may not be serious. The figures available do give some information of where the dangers lie, they indicate which of us is at the most serious risk—and the consequences of ignoring them. They do not show where the responsibility lies and the victim is not always at fault.

Home Safety

During the year, 15 groups, St. John Ambulance, British Red Cross, Mothers', Women's, and Old People's Clubs, Women's Institutes and Schools received our illustrated talk and film show on Home Safety and our Home Safety Handbook. We are encouraged to find that these talks often lead to requests for return visits and for other health themes.

There are now seven Home Safety Committees in Shropshire, at Malinslee, Market Drayton, Newport, Oakengates, Oswestry, Shrewsbury and Wellington.

Health has been defined as an ideal state of well-being and it is fairly certain that the incidence of home accidents and the general physical and mental states are closely linked.

H. HARRIS

Care of the Aged in their own Homes—Evening Visitors and Night Helps

The Council's proposals under Section 28 of the National Health Service Act include provision for the services of Evening Visitors and Night Helps for aged people who require assistance on account of illness or infirmity.

Help under this scheme is only provided when no relatives, friends or neighbours are available to assist, except in the case of Night Helps, when assistance can be provided to afford relief for a relative who has had the continuous care of a sick person for a prolonged period.

Whenever possible, help is supplied by voluntary workers but the scheme includes the employment of paid personnel to cover circumstances when voluntary assistance is not forthcoming.

It was not found necessary to employ any paid Evening Visitors during 1963, but a paid Night Help was employed for one session. This help was provided free of charge to the recipient.

It is realised that much voluntary and neighbourly help must have been given during the year to meet the needs of sick and infirm persons and this help is acknowledged with grateful appreciation.

Prevention of Break-up of Families

One of the suggestions made by the Minister of Health in 1954 to Local Health Authorities for the development and use of the local health services to prevent the break-up of families was that trained Social Workers might be employed to enable the particular needs of families with problems to be studied and met in appropriate ways.

In the discussions which followed between the Chief Officers of the various Departments concerned, between whom excellent liaison exists, it was agreed that the *prevention* of family crises might be best accomplished by the secondment from the N.S.P.C.C. of one of their specially trained women visitors for duty in Shropshire.

This was agreed by the N.S.P.C.C. and since October, 1956, the services of a trained woman visitor have been available in Shropshire. A contribution of £300 per annum (£200 from the Health Committee and £100 from the Children's Committee) is made towards the expenses of this appointment.

The Visitor during the year was Miss M. M. Evans, who commenced duty in this County on 1st January, 1963, in succession to Mrs. R. Winch. Particulars of her work during the year are as follows:

Cases open at 1st January, 1963	..	..	..	..	..	..	21	
Cases re-opened during year	..	..	..	..	..	..	2	
New cases	..	..	..	..	..	..	15	
							<hr/>	38
Cases closed as satisfactory	..	..	..	..	..	..	7	
Unsatisfactory cases needing further action by Inspector					..	..	3	
Cases returned to inspector for transfer or other reason					..	..	3	
							<hr/>	13
Cases open at 31st December, 1963	..	..	..	..	..	..	25	
							<hr/>	
Children in new cases opened	..	..	..	..	..	..	63	
Total visits of supervision to families	..	..	..	..	..	..	840	
Total miscellaneous visits to officials	..	..	..	..	..	..	435	

By arrangement between the Chief Officers of the various County Council Departments concerned with problem families, a Central Register of all such known families in the County is maintained in the Health Department. At the end of the year, 747 families were on the Register, representing about one family in every 120 in Shropshire.

After-Care of Cancer Cases—The Marie Curie Memorial Foundation

Area Welfare Grants Scheme.—The Marie Curie Memorial Foundation use the County Medical Officer as their agent with discretion to provide assistance, in kind, to meet the urgent needs of cancer patients being nursed at home and to supplement help from statutory and other sources.

Monetary assistance is not provided directly and the needs most commonly met are by payment for help in the home (including employment of trained nurses for a Day and Night Nursing Service), and the supply of linen, bedding, clothing, personal comforts and extra nourishment.

The first grant (£50) was received from the Foundation in June, 1957, and with grants in subsequent years, including £200 in 1963, the total of their Shropshire grants amounts to £850.

Table 80 : Cases assisted

Assistance provided	Amount expended in 1963		
	Cases	£	s. d.
Domestic help, including Day and Night Nursing Service	8	132	7 11
Extra nourishment	5	31	9 9
Fuel	1	4	14 2
TOTAL	14	168	11 10

Other Aspects of Care and After-Care

Other Types of Illness.—Any necessary nursing care and attention for patients discharged from hospitals is provided through the Council’s Home Nursing Service and the Regional Hospital Board undertake to supply particulars of all discharged hospital patients requiring after care to the Local Health Authority.

The help of the Children’s Officer and Department, their counsel, information, visiting service, and the provision of accommodation for dependent children when necessary, are greatly valued in domestic emergency, such as the illness or confinement of the mother.

Provision of Nursing Equipment.—All Home Nurses and Midwives hold a small supply of minor articles such as hot water bottles, air rings, bed pans and feeding cups, for loan to patients being nursed at home.

Larger items of equipment, including Hoyer patient lifters, wheel chairs, mattresses, etc., are held in store at the County Health Department, and issued as required. Applications should be made in office hours to the Health Department, 13 College Hill, Shrewsbury (Telephone No. 52211); or at other times to No. 4 Claremont Bank, Shrewsbury (Telephone No. 2141).

A small charge is made for the hire of larger items of equipment only.

During the year, issues of equipment were made to 740 patients, items being loaned direct from the Health Department in 427 cases and by nurses and midwives in 313 cases, as summarised below:

Table 81 : Issues of Nursing Equipment

Item	Issued in 1963		Total
	Health Dept.	Nurses	
Air rings	7	80	87
Back rests	95	132	227
Bed pans	95	156	251
Bed cradles	41	20	61
Bed tables	8	5	13
Bedsteads	17	—	17
Commode chairs	83	8	91
Crutches	22	—	22
Dunlopillo rings	68	20	88
Feeding cups	5	9	14
Hoyer patient lifters	9	—	9
Mattresses	28	4	32
Urinals	47	75	122
Wheel chairs	151	1	152
Miscellaneous	48	32	80
TOTAL ..	724	542	1,266

The provision of disposable under-pads for incontinent patients was first undertaken at the end of 1960 for domiciliary cases attended by the District Nurses, being supplied at the latter's discretion for patients who could not afford to buy these items.

In 1962, the Health Committee, recognising the value of such aids to home-nursed cases, authorised the provision of incontinence pads to all incontinent patients attended by the Council's domiciliary nurses. During the year 27,400 pads were supplied.

Recuperative Convalescence.—Under the Council's scheme, patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, are assisted to go to suitable Convalescent Homes. Financial responsibility is accepted by the Council, but patients are required to contribute towards the cost of their convalescence in accordance with their means.

During 1963, the following Convalescent Homes received 74 cases at a gross cost of £966 17s. 2d., of which £36 13s. 10d. was recovered, no charge being made in 45 cases.

Table 82 : Convalescence Cases

	Adults	Children
Lady Forester Convalescent Home, Llandudno ..	45	—
Ormerod Home, St. Annes-on-Sea	—	2
Church Army Home, Weston-super-Mare	4	7
The Rest, Porthcawl	4	—
Shoreston Hall, Seahouses	1	—
Boarbank Hall, Grange-over-Sands	3	—
Maitland House, Frinton-on-Sea	1	1
Victorian Convalescent Home, Bognor Regis ..	4	—
Charnwood Forest, Loughborough	—	1
St. Dominics, Godalming	—	1
TOTAL ..	62	12

Chiropody Service

A Chiropody Service for the aged, handicapped persons and expectant mothers is provided by the Council through Chiropodists employed either directly or on a contractual basis, and also through the agency of local schemes operated by Old People's voluntary committees and clubs.

During 1963, ten such voluntary schemes were in operation and subsidised by an annual grant from the Council. One scheme, however, ceased to operate on losing the services of a private Chiropodist, and was subsequently replaced by clinic sessions held fortnightly by the County Chiropodist in the local Welfare Centre.

The Senior Chiropodist, Mr. A. R. Maxwell, appointed at the inception of the County Service in May, 1961, left at the end of March, 1963, on obtaining another post. At the time, endeavours were being made to appoint another Chiropodist to enable expansion of the Service, and fortunately there was an interval of only two weeks before Miss A. Casson commenced duty. Expansion was consequently delayed until the appointment of Mr. and Mrs. W. G. Smith in December, 1963, but their arrival was followed at the end of that month by the departure of Miss Casson.

To assist the Shrewsbury Group Hospital Management Committee and the County Welfare Committee, arrangements were made for the services of Mrs. Smith to be made available for the treatment of patients in Shelton Hospital, and at three County Welfare Homes in Shrewsbury and one at Church Stretton.

To compensate for this secondment of Mrs. Smith's services, an additional post of Senior Chiropodist has been approved by the Council.

Clinic sessions are held at fifteen Child Welfare Centres, as detailed in the tables at the end of this Report, and additionally at the following:

BAYSTON HILL	..	Old People's Dwellings	..	1st Wednesday	..	..	2.30—5.30 p.m.
CROSS HOUSES	..	Old People's Dwellings	..	2nd Wednesday	..	..	9.30 a.m.—12.30 p.m.
ELLESMERE	..	Ellesmere House	..	1st Monday	..	..	2.30—5.30 p.m.
KETLEY	..	Good Companions Club		1st and 3rd Tuesdays	..	..	9.30 a.m.—12.30 p.m.

Sessions in County Welfare Homes are attended as under:

CHURCH STRETTON	..	Holmwood	..	..	2nd Thursday	..	..	p.m.
ELLESMERE	..	Ellesmere House	..	..	2nd Friday	..	..	p.m.
SHREWSBURY	..	Briarfields	..	..	2nd Wednesday	..	..	p.m.
		Bromley House	..	..	2nd Tuesday and 4th Thursday	..	..	p.m.
		Hollies	..	..	1st Thursday	..	..	p.m.

Private Chiropodist.—Contractual arrangements with one private Chiropodist were continued in 1963 and treatments carried out as follows:

Table 83 : Cases Treated by Private Chiropodist

Category of Patient	Domiciliary		Surgery	
	Patients	Treatments	Patients	Treatments
Aged	43	139	116	487
Handicapped ..	3	26	2	7
Expectant Mothers ..	—	—	1	4
TOTAL ..	46	165	119	498

County Chiropodists.—Clinic sessions attended by the County Chiropodists in 1963 totalled 261 and, inclusive of domiciliary visits, 748 patients received 2,929 treatments, as indicated below:

Table 84 : Cases Treated by County Chiropodists

Category of Patient	Domiciliary		Clinic	
	Patients	Treatments	Patients	Treatments
Aged	297	1,029	420	1,829
Handicapped ..	20	46	10	24
Expectant Mothers ..	—	—	1	1
TOTAL ..	317	1,075	431	1,854

A charge of 2/6d. per treatment is made, which is remitted in cases of hardship. No charge was made in respect of 325 treatments of aged persons and 27 of handicapped persons.

In addition, 13 sessions were held in Welfare Homes and 144 treatments carried out. Six sessions were attended at Shelton Hospital on behalf of the Shrewsbury Group Hospital Management Committee.

Voluntary Schemes.—Patients were treated under Chiropody schemes organised by voluntary committees and clubs, within the framework of the County Service, as follows:

Table 85 : Cases Treated through Voluntary Organisations

Category of Patient	Patients	Treatments
Aged	922	4,008
Handicapped ..	23	87
Expectant Mothers ..	1	1
TOTAL ..	946	4,096

In total, patients treated through the County Chiropody Service in 1963 numbered 1,859 and received 7,688 treatments.

Fluoridation of Water Supplies

Following the issue of Ministry of Health Circular No. 28/62, in which the Minister indicated acceptance of the principle of fluoridation of water to prevent dental decay in young children as safe and desirable, the County Council considered the question of amending their proposals under Section 28 of the National Health Service Act, 1946, to enable arrangements to be entered into with water undertakings for the addition of fluoride to water supplies naturally deficient in it.

While recording their approval of the principles of fluoridation generally as a safe and desirable method of reducing dental decay, the Council have deferred positive action until assurance can be obtained that the benefits of fluoridation will be commensurate with the costs involved, since the County is served by different water undertakings and from a variety of sources of supply scattered throughout the whole of the area.

The re-grouping of water undertakings in the County having been finalised only recently, action will be taken in due course to investigate with these bodies the financial and technical considerations involved.

DOMESTIC HELP SERVICE

Since 5th July, 1948, the County Council have provided a Domestic Help Service, which was initiated and operated on the Council's behalf by the Women's Voluntary Services in the first instance. Since 1st April, 1952, however, the Service has been operated directly by the Council.

Particulars of the Domestic Help Offices operating within the County on 31st December, 1963, are given in the table below:

Table 86 : Home Help Offices

Centre	Address
BRIDGNORTH	Child Welfare Centre, Northgate
CHURCH STRETTON	Cottage Room, Silvester Horne Institute
LUDLOW	Child Welfare Centre, Dinham
MARKET DRAYTON	Child Welfare Centre, Longslow Road
NEWPORT	Child Welfare Centre, Beaumaris Road
OSWESTRY	Child Welfare Centre, 30 Upper Brook Street
SHREWSBURY	County Health Department, 3 Swan Hill
WELLINGTON	Child Welfare Centre, Haygate Road
WHITCHURCH	Child Welfare Centre, Brownlow Street

Administration.—The Service is administered by the Health Committee of the County Council through their Nursing Sub-Committee.

With the exception of the Shrewsbury Office, which is operated within the general framework of the Department, each office is staffed by a paid part-time clerical assistant who is responsible for the day to day operation of the Service in her area, arranging the completion of application forms by householders requesting the services of a Home Help and receiving any charges which they may be required to pay.

All assessments are dealt with in the County Health Department where a centralised recording system is operated to control the collection of payments.

Each applicant for the services of a Home Help is visited by the District Nurse, or where necessary by the Health Visitor, who satisfies herself that the case is within the scope of the Service before recommending the extent to which assistance should be provided. Subsequent supervision is exercised through the medium of the Nursing Officers.

Charges for Domestic Help.—Applicants who feel unable to pay the Council's standard charge for Domestic Help—which was increased from 4/1d. to 5/2d. per hour from 1st May, 1963, (and since raised in 1964 to 5/6d.) representing the cost of wages and national insurance payments of the Home Helps plus a percentage addition in respect of administration—may elect to furnish particulars of their financial circumstances so that they may be assessed to pay in accordance with their means. The assessed weekly charge for help provided for a domiciliary confinement case is raised by £1 per week for two weeks when a Home Confinement Grant is payable by the Ministry of National Insurance.

The County Council have now taken out a Public Liability Insurance Policy to cover any possible claims for damages against householders making use of the Home Helps Service. This action was taken following a High Court Action in which a Home Help was awarded damages for injuries sustained in the home of a user of the Service, when the Judge expressed the opinion that the authorities responsible for sending out Home Helps should warn the recipients of the help of the possibility of claims being made against them and advise them to cover against such a contingency. As over 80% of the cases provided with help in this County are chronic sick and aged persons, the majority of whom receive the help either free or for a very small charge, it was considered that they would not be in a position to take out a special insurance cover and that any suggestion to them of the need to do so might discourage them from using the Service, of which the Council would like them to have the benefit when in need.

Home Helps.—Payment to Home Helps is made in accordance with the wages scale of the West Midlands Joint Industrial Council, Local Authority Non-Trading Services (Manual Workers).

The rates in operation at the end of 1963 were 3/10⁷/₈d. per hour in the Shrewsbury, Wellington and Oswestry districts, and 3/10¹/₈d. elsewhere in the County, these rates being increased by 2d. per hour for work undertaken in homes where cases of respiratory tuberculosis or certain other infectious diseases are present.

A small number of whole-time Helps is employed for maternity cases and others needing full-time assistance, but in order to avoid “standing time” most of the work is undertaken by part-time helps. In rural areas, “casual” helps are recruited to deal specifically with individual cases.

All Home Helps are provided with overalls and are paid travelling expenses, either in the form of a weekly allowance for the use of bicycles or by the refund of actual ’bus or rail fares. Part-time helps receive payment for travelling time.

On 31st December, 1963, a total of 187 Home Helps was employed (7 full-time and 180 part-time) and the table below shows their distribution throughout the County:

Table 87 : Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth ..	—	23	23
Church Stretton ..	—	4	4
Ludlow ..	—	19	19
Market Drayton ..	1	6	7
Newport ..	—	7	7
Oswestry ..	—	20	20
Shrewsbury ..	6	51	57
Wellington ..	—	40	40
Whitchurch ..	—	10	10
Total for 1963	7	180	187
Total for 1962	5	165	170

Work Performed.—During 1963, a total of 1,239 cases was assisted, at an average of 663 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 192,922.

Particulars of the individual categories of cases are given in the first table below. That this is a very important service for the elderly and chronic sick is emphasized by the fact that they represent 82.2 per cent of the *cases* and that 176,941 (or 91.7 per cent) of the *hours* worked by the Home Helps were devoted to their help; and this work is a big factor in helping elderly and chronic sick cases to avoid having to leave their homes to enter hospital or welfare accommodation.

Table 88 : Cases attended by Home Helps

Centre	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	109	—	9	—	—	3	121
Church Stretton ..	17	—	3	1	—	—	21
Ludlow ..	61	1	5	—	—	1	68
Market Drayton ..	43	1	11	—	—	—	55
Newport ..	39	—	7	—	—	2	48
Oswestry ..	107	3	14	—	1	1	126
Shrewsbury ..	314	17	75	13	3	7	429
Wellington ..	283	5	19	5	2	3	317
Whitchurch ..	45	1	5	2	1	—	54
Total for 1963	1,018	28	148	21	7	17	1,239
Total for 1962	878	62	160	28	11	9	1,148

The steady and consistent increase in all figures since the year 1956 is conspicuous and revealing in the following table:

Table 89 : Elderly and Chronic Sick Cases

Year	Cases			Hours Worked		
	Total— all categories (1)	Elderly and Chronic Sick		Total— all categories (4)	Elderly and Chronic Sick	
		Number (2)	% (3)		Number (5)	% (6)
1954	731	359	49	129,173	87,695	68
1955	648	383	59	130,239	102,358	78
1956	639	398	62	130,596	106,381	81
1957	709	475	67	140,778	116,449	83
1958	786	530	67	142,552	118,389	83
1959	845	597	71	154,251	130,564	85
1960	965	719	75	171,608	148,039	86
1961	1,074	803	75	172,622	151,070	88
1962	1,148	878	76	181,813	164,432	90
1963	1,239	1,018	82	192,922	176,941	92

Recovery and Expenditure.—The sum recovered during 1963 from those taking advantage of the Service was £4,226, compared with £5,137 during 1962 and £4,408 during the previous year. The statement below relates the numbers of hours worked and travelled to cases paying for the help at the standard rate, to those paying an assessed weekly charge and those receiving free help. Comparable figures for 1959 to 1962 are also given.

The decrease in the sum recovered during 1963 is in part attributable to the increase in the number of householders qualifying for free help following the Council’s decision to grant help free of charge from 1st May, 1963, to all householders in receipt of National Assistance. There has also been a decrease in the amount of help required by householders paying the standard charge, which as previously stated was increased from 4/1d. to 5/2d. per hour on 1st May, 1963.

Table 90 : Hours worked and travelled by Home Helps

	1959	1960	1961	1962	1963
Standard Rate	15,111 = 9.8%	14,721 = 8.6%	14,672 = 8.5%	13,123 = 7.2%	11,276 = 5.8%
Assessed Rate ..	63,871 = 41.4%	76,855 = 44.8%	84,543 = 49.0%	93,375 = 51.4%	49,708 = 25.8%
Free	75,269 = 48.8%	80,032 = 46.6%	73,407 = 42.5%	75,315 = 41.4%	131,938 = 68.4%
TOTAL ..	154,251	171,608	172,622	181,813	192,922

The County Council’s assessment scale was modified in September, 1959, in April, 1961, in September, 1962, and again in May, 1963, to the advantage of householders, following changes in National Assistance Board’s allowances, upon which the scale is based.

Particulars are given below of the expenditure incurred by the Council in the operation of the Service during 1963, with corresponding totals for the four preceding years:

Table 91 : Cost of Domestic Help Service

Year	Wages and Insurance			Overalls, Rentals, etc.	Total Expen- diture	Payments by House- holders	Nett Cost to County- Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
£ 1959	£ 1,545	£ 2,680	£ 25,640	£ 1,112	£ 30,977	£ 3,966	£ 27,011	% 12.8
1960	1,649	2,906	29,954	1,267	35,776	3,991	31,785	11.2
1961	1,684	2,597	33,441	1,449	39,171	4,468	34,703	11.4
1962	1,823	2,358	36,582	1,652	42,415	5,137	37,278	13.8
1963	1,942	2,764	40,193	1,768	46,667	4,226	42,441	10.0

The wage awards made to Home Helps by the National Joint Council for Local Authorities’ Services in April, 1960, January and April, 1961, April, 1962, and in March, 1963, have caused the cost of the Service to rise from year to year, but the steady rise from year to year of the percentages in columns 3 and 6 of Table 89, seems to be evidence for the Committee’s contention that the service is not abused and that the help goes where it is most needed, namely to the elderly and chronic sick whose incomes are limited.

MENTAL HEALTH SERVICE

Report of Senior Mental Welfare Officer

Responsibility for the administration of the Mental Health Service is delegated by the Council to the General Purposes Sub-Committee of the Health Committee.

The functions of Local Health Authorities for patients who are, or have been, suffering from mental disorder are very broadly stated in Section 6 of the Mental Health Act, 1959, to be:

- (a) the provision, equipment and maintenance of residential accommodation, and the care of persons for the time being resident in such accommodation;
- (b) the provision of centres or other facilities for training or occupation, and the equipment and maintenance of such centres;
- (c) the appointment of officers to act as Mental Welfare Officers.
- (d) the exercise by the Local Health Authority of their functions under the Act in respect of persons placed under guardianship; and
- (e) the provision of any ancillary or supplementary services for the prevention of mental disorder or for the care and after-care of mentally disordered persons.

In 1962 the Minister of Health asked local health authorities to prepare for his approval a Ten-Year Plan for the Development of Health and Welfare Services.

The first mental health project to be completed within the period of this Plan was the Shrewsbury Junior Training Centre and Hostel for Subnormal Children, but this scheme had, of course, been prepared before the Ten-Year Plan was initiated.

Particulars of subsequent projects are as follows:

MENTAL HEALTH PROJECTS

<i>Year</i>	<i>Project</i>	<i>Places</i>	
		<i>Day</i>	<i>Residential</i>
1964—65	Wellington Junior Training Centre for Subnormal Children	40	—
1964—65	Shrewsbury Adult Training Centre and Hostel for Subnormals ..	50	30
1964—65	Shrewsbury Hostel for Mentally Ill patients	—	10
1965—66	Wellington Adult Training Centre and Hostel for Subnormals ..	30	20
1967—68	Wellington Hostel for Mentally Ill patients	—	24
1967—68	Shrewsbury Hostel and Workshop for Mentally Ill patients	30	30
1967—68	Dawley Junior Training Centre for Subnormals	30	—
1968—69	Oswestry Adult Training Centre for Subnormals	30	—
1969—70	Madeley Adult Training Centre for Subnormals	60	—
1970—71	North-East Salop Adult Training Centre for Subnormals	30	—
1971—72	Wellington Hostel and Workshop for Mentally Ill patients	30	30

Staff.—On 31st December, 1963, the staff employed wholly in the Mental Health Service consisted of the following officers:

Senior Mental Welfare Officer	1
Deputy Senior Mental Welfare Officer ..	1
Mental Welfare Officers	5
Psychiatric Social Worker	1
Training Centre Staff:	
Supervisors	3
Assistant Supervisors	10
Senior Housemother	1
Assistant Housemothers	4

In addition, the Assistant County Medical Officers, the Supervisory Nursing Staff and some forty-seven Health Visitors have various duties in the Mental Health Service.

One additional Mental Welfare Officer was appointed during the year, but such is the rate of growth of the community care service that consideration should be given to further increases in the establishment in the near future. Consultant Psychiatrists, General Practitioners, social and industrial welfare organisations, and indeed the public generally are becoming increasingly aware of the existence and potential usefulness of the Mental Health community service with the result that the demands made upon the Mental Welfare Officers continue to multiply.

The many patients who are discharged from hospital much earlier than they would have been a few years ago usually need the support of a Mental Welfare Officer for a time at least, and during the few weeks, or in some cases months, following the patient's return home and the patient's family need regular counselling if further break-down is to be avoided.

The training centres also need to be supported and the Mental Welfare Officers provide a useful link with the children's homes, particularly in a largely rural county such as Shropshire.

The regular attendance of several of the Mental Welfare Officers at psychiatric out-patient clinics not only occupies them during the actual clinic periods, but also very frequently initial home visits are needed to obtain some background information for the Consultant Psychiatrist; and follow-up visits are necessary in many cases for the purpose of reporting on the progress of patients or dealing with social problems which may be uncovered.

New developments in the mental health field, which until recent years had been regarded in many parts of the country as a stagnant, hopeless area of human suffering and misery, have sparked into life with the formation of dynamic organisations within the community.

Locally a Psychiatric Social Club, further particulars of which are given later in this report, plays an important part in the rehabilitation of a number of patients and is run by the Mental Welfare Officers with the co-operation of the Social Workers, Nursing Staff and Consultants from Shelton Hospital. Local centres of the Samaritans and Alcoholics Anonymous have also recently been formed and the Mental Health Staff have established contact with the organisers.

Training of Staff.—On entering the service of the Council all Assistant County and School Medical Officers who do not possess training and experience in the ascertainment of educationally subnormal pupils and mentally subnormal patients are sent on a special post-graduate course. This together with practical instruction received both before and after the course from an experienced Medical Officer qualifies them to examine and report upon children who may be educationally subnormal or unsuitable for education in school. Upon the advice of two members of the Regional Hospital Board Advisory Panel such Medical Officers may also be approved by the Local Health Authority for the purpose of making medical recommendations in connection with the compulsory admission of subnormal patients to hospital or guardianship. Arrangements are also made to second other members of the staff for appropriate courses of training.

Miss A. D. Smith, Mental Welfare Officer, has been seconded to a special one-year course for experienced social workers which will be held in London commencing in September, 1964, and which has been organised by the National Institute of Social Work Training.

In July, 1963, Miss C. D. Williams, an Assistant Supervisor at the Shrewsbury Training Centre, obtained the Diploma for Teachers of the Mentally Handicapped; and Miss P. A. Davies, an Assistant Supervisor from the Wellington Centre, is currently attending a one-year course of training leading to the award of this Diploma.

Mental Illness :

Liaison with Hospital Services.—The proximity of Shelton Hospital to the Council's Health Department facilitates day-to-day consultation between the Hospital staff and the Council's Medical and Mental Welfare Officers, who also attend clinical conferences held weekly at the Hospital. Such conferences are very enlightening and we believe that they are mutually beneficial to the Hospital and Local Health Authority Staff.

The integration of the Hospital and Local Health Authority Mental Health Services was welcomed, because of the consequent benefit to patients, by the former Medical Superintendent of Shelton Hospital, Dr. M. J. Brookes, who retired in January, 1963. Dr. Brookes was a good friend to his patients and to the County Health Department, and we wish him well in whatever less arduous role he may choose. One presumes, having been aware for many years of his abundance of restless energy, that he will not for long be able to refrain from taking some part in future developments in the Mental Health Field. When he first came to Shropshire in 1948 he was already talking and thinking about a new Mental Health Bill and he worked hard behind the scenes for many years before seeing it placed on the statute book in 1959.

We are extremely fortunate in having as his successor Dr. J. Littlejohn who, with his consultant colleagues, enthusiastically co-operates with the Council's Mental Health Staff. The latter are constantly in touch with the Hospital Social Workers and enjoy complete freedom to approach the Consultant Medical and Nursing Staff at any time; the Council's Officers are also encouraged to go to the hospital to interview patients and discuss their problems.

One could scarcely hope for a happier relationship between the Hospital and Local Health Authority Staff.

At the request of the Tutor-in-Charge of the Shelton Hospital Training School, the Senior Mental Welfare Officer and some of his colleagues gave lectures to Student Mental Nurses who were also taken on selected home visits.

Psychiatric Out-patient Clinics are held at Shrewsbury, Oswestry, Whitchurch, Market Drayton, Wellington, Bridgnorth, Ludlow and Bishop's Castle. All these clinics are staffed medically by the Regional Hospital Board's Consultant Psychiatrists and a Psychiatric Social Worker or a Mental Welfare Officer is also in attendance.

Admissions to Hospital for Mental Illness.—The Mental Welfare Officers were concerned in the admission to Hospital of 324 mentally ill patients in 1963, practically all of whom were admitted to Shelton Hospital. Particulars of these admissions are given in the following table:

Table 92 : Mentally Ill patients dealt with by Mental Welfare Officers

	1963		
	Male	Female	Total
<i>Mental Health Act, 1959:</i>			
Informal patients	76	73	149
Compulsory patients:			
(a) Emergency Orders (Section 29) ..	16	8	24
(b) Observation Orders (Section 25) ..	46	47	93
(c) Treatment Orders (Section 26) ..	27	24	51
(d) Hospital Orders (Section 60) ..	3	3	6
(e) Section 65	1	—	1
TOTAL ..	169	155	324

In addition, investigations were carried out by the Mental Welfare Officers into 110 further cases of suspected mental illness. Some of these were treated in the community; others were found to need geriatric services and were admitted to appropriate hospital accommodation; and others were referred to the County Welfare Officer with a view to admission to the Council's Residential Homes.

Care and After-Care of the Mentally Ill.—Patients returning to the community after hospital treatment are often unable to deal with some of the problems which they meet, and may require the support of the Local Health Authority's Mental Welfare Officers for considerable periods.

In certain cases where discharge to the community follows a prolonged period of hospitalisation and the support of relatives is either inadequate or non-existent, the work of re-establishing the patient in the community may amount to re-organising his life for him. Such cases are extremely time-consuming to the Mental Welfare Officers, but very rewarding if rehabilitation is ultimately successful. Other less complex practical help is given to patients in assisting them to find housing accommodation or lodgings; to obtain employment through the Mental Welfare Officers' established relationships with employers; and perhaps to settle by regular and reasonable contributions over a period agreed with the creditor, long-standing debts such as rates !

Family counselling is another extremely important part of the work of the Mental Welfare Officers. This requires unobtrusive determination combined with great diplomacy, and sometimes one or another of your Officers devotes a Sunday afternoon to this delicate work. This has been proved to be a fruitful time for discussions with families aimed at improving relationships.

Communication between the general medical practitioners and the Mental Welfare Officers seems generally uninhibited; and the various social workers concerned with family health and welfare problems readily seek the assistance of and co-operate with the Mental Welfare Officers.

It is a fortunate circumstance that Shropshire is not so thickly populated as to require multitudes of social workers and huge welfare agencies, otherwise the workers could not possibly get to know one another as well as they do in this county, and the services given to the public might suffer correspondingly.

The following table shows particulars of patients receiving after-care by Mental Welfare Officers during 1963 and with the corresponding figures for 1962 and 1961 illustrate the continuing expansion which is taking place in the after-care service.

Table 93 : Mentally Ill patients receiving After-Care by Mental Welfare Officers of the County Council

	Patients	Visits made during the year
At 31st December, 1963	457	3,744
At 31st December, 1962	279	2,669
At 31st December, 1961	140	901

Psychiatric Social Club.—The social club for recovered or partly-recovered mentally ill patients is held fortnightly on Friday evenings in the hall of the new Junior Training Centre at Woodcote Way, Monkmoor, Shrewsbury, and is run by the Mental Welfare Officers supported by members of the Consultant and Nursing Staff and Social Workers from Shelton Hospital.

Most of the patients who attend the club have returned to the community following a period of treatment in hospital, but some patients who still are in hospital but are nearly ready for discharge are brought to the club for the evening as part of the programme of rehabilitation. Initially, some of the patients are very lacking in confidence and in such cases their relatives are encouraged to come with them but if considered advisable a Mental Welfare Officer who knows the patient will bring him. After one or two visits the patients usually seem much more relaxed in manner and many have expressed their appreciation of having been invited to attend.

Membership is not, of course, restricted to patients residing in or near Shrewsbury and it was rather surprising, until it became a fairly commonplace occurrence, for a patient living somewhere as distant as Market Drayton or Whitchurch to arrive at the club.

Registration of Mental Nursing Homes.—In accordance with Part III of the Mental Health Act, 1959, the registration of Mental Nursing Homes is vested in the local health authority for the area.

In Shropshire, there are two such Homes, namely:

(a) *The Grove House (Church Stretton) Ltd.*

This Home is registered for the reception of 30 mentally ill patients who may, if necessary, be detained in accordance with the appropriate provisions of the Mental Health Act; and

(b) *Loppington House, Wem.*

Loppington House has been registered for the reception of 65 children aged sixteen years and under, of both sexes, who are suitable to live in association and who are not subject to detention. Most of the children in the Home are long-stay patients. Some of them are maintained by the Birmingham Regional Hospital Board, while others are accommodated under private arrangements between the parents and the Managers of the Home. A few short-stay cases are sent by other local authorities.

Both Mental Nursing Homes are inspected quarterly by officers of the County Health Department.

Subnormality and Severe Subnormality :

Care and After-Care.—By arrangement with the Education Department a Mental Welfare Officer now always makes the initial visit to a child's home before a decision is recorded that he is unsuitable for education in school, in order to explain the position to the parents and, if appropriate and possible, to arrange for the child to attend a training centre.

During 1963, the Local Education Authority recorded 28 such decisions and furnished reports to the Local Health Authority. The Mental Welfare Officers or Health Visitors thereafter make regular visits to the homes for as long as necessary to give any help or advice which might be required.

In addition, 32 educationally subnormal school leavers were referred informally by the Education Authority to the Health Authority in order that the Mental Welfare Officers and Health Visitors might keep in touch with them while they are growing up and offer such assistance as may be needed.

If in certain cases a degree of instability is associated with the low intelligence, and if in addition family relationships are difficult and the parents are unwilling to accept advice, the problem confronting the Mental Welfare Officer is a very difficult one. From time to time a crisis will arise followed by a period of comparative tranquillity, but in all probability the problem will never be completely resolved, and this is why in certain families the necessity for home visiting always seems to exist.

After-care was also provided for ten subnormal and three severely subnormal patients who were discharged from Hospital during the year.

The total number of subnormal and severely subnormal patients who on 31st December, 1963, were receiving home visits by the Local Health Authority's Officers was 919 who are classified according to sex and age in the following table:

Table 94 : Subnormal and Severely Subnormal Patients Receiving Home Visits

Sex	Age at 31st December, 1963					Total
	Under 5	5—15	16—30	31—60	Over 60	
Males	4	83	289	110	5	491
Females	5	61	231	120	11	428
TOTAL	9	144	520	230	16	919

Employment.—Of the 766 adults receiving home visits, 361 were in paid employment; 212 were occupied to a certain extent helping in domestic or other work at home; 17 were attending Junior Training Centres; and 176 had no employment or occupation.

A number of the patients who are shown as being in employment have difficulty in retaining a job and their resettlement in fresh employment frequently involves Mental Welfare Officers in painstaking and time-consuming enquiries.

Junior Training Centres.—Many parents who otherwise would feel unable to continue keeping their severely subnormal child with them will gladly do so if a Junior Training Centre is available. The Training Centre, therefore, plays an extremely important part in the lives of parents and child by keeping the family together, as well as developing the child's aptitudes and improving his social behaviour. The Training Centre also saves valuable hospital places which should only be used for children who require nursing or medical care, or for some other valid reason.

The Shrewsbury Junior Training Centre was re-opened after the 1963 midsummer recess in new purpose-built premises at Woodcote Way, Monkmoor, replacing the over-crowded house in Betton Street which had been used as a training centre since 1959.

At the new Centre there are 80 training places—40 for day pupils who travel to the Centre from Shrewsbury and the surrounding district and 40 for boarders whose homes are situated in remote or inaccessible parts of the county. Most of the day pupils are conveyed to and from the Centre by the two small buses provided by the Council, and sometimes through the kindness of volunteer members of the W.V.S., while the boarders are brought to the Centre each Monday by their parents who take them home on Fridays.

Initially the intake of boarders had to be limited as it was not until Christmas that it became possible, owing to the lack of suitable applicants, to fill the post of Senior Housemother.

In recent months, however, the Centre has flourished and is now filled with pupils to its full capacity. A few of these pupils have, however, recently attained 16 years of age and will have to leave as and when the need arises in order to make room for younger children.

The Wellington Junior Centre, where there are 25 children on the register, continues to operate in an inadequate one-room building situated in the grounds of the Vineyard Children's Homes. It is, therefore, with a sense of relief that I am able to report that the erection of a new junior centre has been started which, it is hoped, will be ready for use in the early part of 1965.

With the provision of the new Wellington Junior Training Centre there will be a total of 120 places in full-time junior centres in the county; and the very small part-time centres at Oswestry, Wem and Whitchurch will be operated so long as they serve a useful purpose. This provision should be sufficient to meet current needs and future normal expansion of population for some years to come.

The development of the new town at Dawley will, however, require special consideration, and a 30-place junior training centre has been provisionally included in the building programme for 1967/68 for that area.

Adult Centres.—The provision of training facilities for adult subnormals will be one of our main concerns over the next few years and five Adult Training Centres, two of which will have hostel accommodation, are included in the Capital Building Programme up to and including 1970—71.

Guardianship.—The conception of guardianship under the Mental Health Act is that it can appropriately be used when it is necessary to exercise some degree of control over the residence or activities of a person. At present there would appear to be practically no scope for this form of care in Shropshire, but when hostels are provided it is possible that guardianship may be appropriate in a few instances.

There are at present only two severely subnormal Shropshire patients under guardianship, both of whom reside in the County of Surrey, the Brighton Guardianship Society undertaking visits on the Council's behalf.

Hospital Care.—Shropshire patients to the number of 390 are in hospitals for the subnormal in various parts of the country. During the year 13 of these were admitted for care for an indefinite period. In addition, arrangements were made for 28 patients to receive short-term care for periods varying from two to four weeks. A short break is usually of considerable benefit to both the patient and his family, either to tide over some emergency or to enable the rest of the family to take a holiday together perhaps for the first time in their lives.

On 31st December, 1963, there were 34 severely subnormal patients awaiting hospital care. In recent years practically all such patients requiring hospital care have been placed on the waiting list for admission to Stallington Hall Hospital, Blythe Bridge, Stoke-on-Trent, but before the end of 1964 the Birmingham Regional Hospital Board intend to provide some additional places for Shropshire patients at Lea Castle Hospital, near Kidderminster. The extra accommodation will be most welcome.

For too long the Ministry of Health have failed to provide sufficient accommodation for the subnormal and severely subnormal, and local health authorities have had the unenviable task of trying to ameliorate circumstances which could only be improved by the admission of patients to Hospital.

The classification by sex and age of the patients awaiting hospital care is given in the table below:

Table 95 : Severely Subnormal patients awaiting Admission to Hospital

Sex	Age Groups					Total
	Under 5	5—15	16—30	31—60	60+	
Males	2	8	6	4	—	20
Females	1	4	4	5	—	14
TOTAL	3	12	10	9	—	34

Voluntary Organisations.—The Shrewsbury and Wellington branches of the National Society for Mentally Handicapped Children are vigorous bodies who augment our efforts for children and adults and organize various outings and social activities, including two social clubs for local young people with mental handicaps. They also make valuable gifts which have in the last few years included a television set, radio, tape recorder, record player, summer house and various toys. Their interest in forthcoming provisions is naturally great, and the Shrewsbury Branch have offered £2,000 towards the cost of providing a swimming pool of the learner type at the new Shrewsbury Junior Training Centre. This proposal the Health Committee have accepted with great appreciation, and work on the pool will be started in the near future.

One must acknowledge the tremendous enthusiasm of these Societies and the great help given by them. Other voluntary organisations and individual friends have from time to time made gifts to the Centres. Such gifts, however small, are always very welcome and help to brighten the lives of the recipients.

E. A. R. WARD,
Senior Mental Welfare Officer.

NURSING HOMES

Registration.—The Public Health Act, 1956, Part VI, requires the registration by the County Council of maternity and other nursing homes and these provisions are also applied, subject to modifications, by the Mental Health Act, 1959, Part III, and the Mental Health (Registration and Inspection of Nursing Homes) Regulations, 1960, to mental nursing homes.

The Nursing Homes Act, 1963, removed the powers of County Councils to grant exemption from registration in certain instances and also enabled the Minister of Health to make regulations as to the conduct of nursing homes.

The Conduct of Nursing Homes Regulations, 1963, made by the Minister in accordance with the new Act, came into operation on 27th August, 1963, and provide County Councils with an opportunity to secure, by the issue of formal notices and subsequent prosecution if necessary, the “provision of proper facilities and services”, and the “limitation of numbers of persons in nursing homes”.

Particulars of registered homes in the County at the end of the year are as follows: there were no changes during the year:

Table 96 : Nursing Homes

Accommodation provided	Nursing Homes	Beds available
General Cases only	4	48
Maternity Cases only	1	5
Maternity and General	4	32
Mental Cases only	2	95
TOTAL ..	11	180

Inspection.—Routine inspection of general and maternity nursing homes is undertaken by the Superintendent Nursing Officer and her Assistants who endeavour to visit each home at least once a quarter, and more frequently if necessary. In addition, Medical Officers of the Department visit the homes periodically and in every case where application is made to increase the permitted number of beds.

In the case of mental nursing homes, inspection is required by virtue of the Mental Health (Regulation and Inspection of Mental Nursing Homes) Regulations, 1960, to be undertaken at such intervals as the registration authority may decide, but not less frequently than once in each of the six month periods commencing in May and November each year. These inspections are undertaken by the Deputy County Medical Officer of Health and the Senior Mental Welfare Officer.

REGISTRATION OF DAY NURSERIES AND DAILY MINDERS

Under the provisions of the Nurseries and Child Minders Regulation Act, 1948, which came into force on 30th July of that year, the County Council, as Local Health Authority, are required to register and supervise:

- (a) private persons (daily minders) who receive into their homes, for reward, children under the age of 5 years to be looked after for a substantial part of the day, or for a longer period not exceeding six days; and
- (b) premises (day nurseries) in which children below the upper limit of compulsory school age are looked after for a substantial part of the day, or for a longer period not exceeding six days, within the provisos implicit in the next two paragraphs.

Registration is not required in the case of hospitals, homes or institutions maintained by Government Departments and Local Authorities, schools and nursery schools supervised by Local Education Authorities, or premises and child minders supervised under Child Life Protection enactments.

After the expiration of a period of three months following the coming into operation of the Act, it became an offence for a child to be received into an unregistered day nursery, or for more than two children under the age of five years from more than one household to be received by an unregistered child minder who is not a relative.

The Act empowers the County Council to define requirements which must be complied with :

- (a) in the case of day nurseries, the condition of the premises, the number and qualifications of the staff, equipment, feeding arrangements, medical supervision and records; and
- (b) in the case of both nurseries and daily minders, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

During 1961, three premises were registered, providing a total of 46 places for children below the upper limit of compulsory school age; a further property was registered during 1962, bringing the total number of places for children to 64 and a further three premises were registered in 1963.

The total number of places at the end of the year was 112.

Inspection of these premises is undertaken by members of the Department's Medical Staff.

WELFARE OF HANDICAPPED PERSONS

The following report is contributed through the courtesy of the County Welfare Officer, F. G. Fawcett, Esq., T.D.

Responsibility under Section 29 of the National Assistance Act, 1948, for the Welfare of Handicapped Persons (those substantially and permanently handicapped by illness, injury or congenital deformity) is that of the Welfare Committee. Close liaison between the County Health and Welfare Departments ensures that persons over school-leaving age who can be described as permanently and substantially handicapped are given the opportunity to receive such assistance as the County Welfare Committee can provide.

The figures given are for 31st December, 1963.

Blind and Partially-Sighted Persons :

Table 97 : Blind and Partially-Sighted Persons

	Males	Females	Children	Total
Blind	241	326	18	585
Partially-Sighted ..	38	44	14	96
TOTAL ..	279	370	32	681

Additions to the Register —During the year, the number of persons examined by Ophthalmologists at the request of the County Welfare Officer was 79. Of these, 59 persons (20 male and 39 female) were certified as blind and were included in the Register. In addition, 10 persons (6 male and 4 female) were certified and registered as partially-sighted; 10 persons were found to be neither blind nor partially-sighted.

Of the 69 people added to the register during the year, 54 blind persons (19 males and 35 females) and 4 partially-sighted persons (1 male and 3 females) were 60 years of age or more.

Causes of Blindness.—In 13 of the new cases (22 % of the total) the primary cause of blindness was cataract; 9 of these cases were aged 70 years or more. Other major causes of blindness were: Macular Degeneration 17, Glaucoma 8, Optic Atrophy 6.

Blind persons for whom treatment was recommended numbered 26, medical treatment being suggested in 12 cases, surgical in 11 cases and optical in 3 cases. Hospital supervision was recommended in 15 cases. No treatment was suggested in 18 cases.

One person for whom surgical treatment had been recommended and two of the persons for whom medical treatment had been recommended refused to accept it.

Although treatment of one form or another or hospital supervision was recommended in 41 cases, it was thought that this would result in the removal of only 8 persons from the category of blind persons. In addition, it was considered inadvisable to carry out for one person treatment which might have resulted in her removal from the blind category.

The following table relates to the provision of treatment as a follow-up action in the case of blind and partially-sighted persons:

Table 98 : Follow-up of Registered Blind and Partially-Sighted Persons

	CAUSE OF DISABILITY									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight
Cases registered during 1963 in respect of whom the ophthalmologist's recommendation was:										
(a) No treatment	3	—	2	—	—	—	13	—	18	—
(b) Treatment (medical, surgical or optical)	9	2	3	—	—	—	14	—	26	2
(c) Hospital supervision	1	1	3	2	—	—	11	5	15	8
Cases at (b) and (c) above which have received, or will receive treatment or supervision	7	3	5	2	—	—	25	4	37	9

Deaf Persons :

Table 99 : Other Handicapped Persons

Category		Sex	Age		Total
			16—64	Over 65	
Deaf with Speech ..	Males		19	3	22
	Females		14	1	15
Total ..			—33	— 4	—37
Deaf without Speech ..	Males		38	6	44
	Females		25	10	35
Total ..			—63	—16	—79
Grand Total ..			96	20	116

Epileptics :

Males	Females	Total
19	27	46

(Of these 20 were accommodated in their own homes; 2 were in hospital; 8 were accommodated on behalf of the Council by voluntary organizations, and 16 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

Spastic Paralysis :

Males	Females	Total
13	16	29

(Of this total, 22 were accommodated in their own homes, and 2 were in hospital. The others were in Homes administered by voluntary organizations, the expenses being paid by the Welfare Committee.

Table 100 : Other persons registered as Permanently and Substantially Handicapped

Reason for Registration (Ministry of Labour Classification)	Males	Females
Amputation	18	11
Arthritis and Rheumatism	35	68
Congenital Malformations	17	31
Diseases	77	52
Injuries	29	14
Organic Nervous Diseases	22	28
Other Nervous and Mental Disorders ..	38	36
Tuberculosis (Respiratory)	8	5
Tuberculosis (Non-Respiratory)	—	2
Other diseases and injuries	11	8

MEDICAL EXAMINATIONS

Staff appointed for service with the County Council are required to be medically examined, and this is undertaken by the Department’s Medical Officers. Entrants to the teaching profession, firemen attending courses, etc., are also examined and, on occasions, examinations are performed on behalf of other local authorities. Chest X-rays are arranged for those whose work will bring them into contact with children.

Medical examinations carried out during 1963 totalled 653, as indicated below, and a further 39 examinations were made on our behalf by other local authorities:

	<i>Examinations</i>
Teaching profession and Teachers’ Training College Students ..	216
Staff—Superannuation purposes	338
Breathing apparatus courses and retained firemen	54
Miscellaneous	3
On behalf of other local authorities	42
	<hr/> 653 <hr/>

INSPECTION AND SUPERVISION OF FOODS

Mr. D. Coups, County Public Health Inspector, reports as follows:

Qualitative Sampling of Milk and Other Foods.—Under Section 2 of the Food and Drugs Act, 1955, a person who sells to the prejudice of a purchaser any food or drug which is not of the nature, substance or quality demanded is guilty of an offence; and under Section 91 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of foods and drugs for analysis, with a view to ensuring compliance with Section 2.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County.

Milk.—

Testing of Milk Samples.—Following approval by the County Council early in 1958 of the policy of testing milk samples within the Health Department, the following procedure with regard to milk sampling is adopted by the Department’s Sampling Officers. In the course of routine sampling, two samples of the same grade of milk are obtained from the retailer. One is divided formally into three parts, and sealed and labelled in accordance with the procedure laid down under the Act; the other is treated as an “informal” or “comparative” sample, and is tested in the Health Department Laboratory, for Fat and Solids-not-Fat content. If this latter sample is shown to contain water, other than a trace, by the “Hortvet Freezing Test” method or has more than a minimum deficiency of milk fat, the corresponding formal sample is forwarded to the Public Analyst for analysis, together with any other samples obtained from the same retailer which may be necessary to provide evidence if legal proceedings are instituted.

Individual samples received on complaint from members of the public are also submitted direct to the Analyst where it is not possible to obtain a corresponding sample.

During the year, 1,193 samples of milk were tested within the Department’s Laboratory; 21 of these were found to be below legal standards and action was taken as follows:

- 15 were slightly deficient in fat and the vendors were notified.
- 2 were slightly deficient in fat and solids-not-fat and the vendors were notified.
- 1 was slightly deficient in solids-not-fat and the vendor was notified.
- 2 were found to contain extraneous water and the comparative formal samples were forwarded to the County Analyst and are reported on below.
- 1 was deficient in fat and the comparative formal sample was forwarded to the County Analyst and is reported on below.

Analyses by the County Analyst:

Ten samples were analysed, of which four were reported as being adulterated or below standard and were dealt with as follows:

- 2 samples were found to contain extraneous water and legal proceedings were instituted against the two producers concerned as indicated in the table below.
- 1 sample was found to be deficient in fat and legal proceedings were instituted against the producer concerned as indicated in the table below.
- 1 sample of sterilised milk was submitted as a result of a complaint and was found to be contaminated with grit. On the advice of the Clerk of the Council legal proceedings were not instigated but a warning letter was sent to the processor.

Case of Obstruction:

When the Sampling Officers went to a farm to obtain milk samples, the producer emptied the churns into the hedgerow and thus prevented the sampling. Legal proceedings were instituted as follows:

Table 101 : Proceedings under the Food and Drugs Act

Magistrates' Court	Analysis	Result	Fine	Costs
Wellington	19% added water	Case proved (plea of not guilty)	£10 0 0	£4 6 0
Mid-Shropshire	31 % added water	Case proved (plea of guilty)	£20 0 0	£6 9 0
Oswestry	22 % fat deficiency	Case proved (plea of guilty)	£15 0 0	£11 14 0
Oswestry	Wilfully did obstruct an authorised officer of the Council who was acting in the execution of the Food & Drugs Act, 1955, contrary to Section 105(1) of the said Act.	Case proved (plea of not guilty). The Justices declared themselves satisfied that the offence had been committed with intent to prevent the discovery of some other offence.	£20 0 0	—

Radioactivity in Milk (Iodine 131).—During the year four composite samples of milk from 39 farms in the County were tested for Iodine 131. The results showed an average of 5 pico-curies* per litre present. The Agricultural Research Council report that if an average of 130 pico-curies is not exceeded over a period of twelve months this figure can be regarded as being within the safety limits.

Average Composition of Milk.—The Sale of Milk Regulations, 1939, prescribe a standard for milk of 3 per cent for fat content and 8.5 per cent for Solids-not-Fat content and milk which, on examination, does not come up to this standard is presumed to be “non-genuine” until the contrary is proved. Where the solids-not-fat content is below 8.5 per cent, however, unless the presence of extraneous water is determined by the Hortvet Freezing Point Test, such samples are returned as “genuine” provided, of course, the fat content is satisfactory.

Of the 1,193 milk samples tested during the year, 21 were either adulterated or below the required standard, representing 1.8 per cent of the total.

Table 102 below gives particulars of the average fat and solids-not-fat content of the samples of milk, including adulterated and “appeal-to-cow” samples, and excluding Channel Islands and South Devon milk, which is dealt with separately in Table 103 overleaf, taken during 1963 with comparative totals for the preceding eight years.

Table 102 : Average Composition of Milk Samples

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	57	3.72	8.67
February ..	82	3.68	8.64
March ..	86	3.59	8.63
April	70	3.55	8.63
May	77	3.43	8.68
June	46	3.49	8.69
July	83	3.60	8.69
August ..	109	3.60	8.65
September ..	90	3.64	8.77
October ..	127	3.73	8.75
November ..	104	3.75	8.72
December ..	77	3.77	8.70
1963 ..	1,008	3.67	8.70
1962 ..	996	3.57	8.69
1961 ..	970	3.51	8.63
1960 ..	1,076	3.50	8.64
1959 ..	1,084	3.45	8.65
1958 ..	1,100	3.60	8.65
1957 ..	1,087	3.60	8.80
1956 ..	1,231	3.69	8.68
1955 ..	1,239	3.62	8.54

* NOTE.—This is the equivalent of one-millionth of a millionth part of a curie—the latter being the unit measurement of radium equal to the radioactive emissiveness of a source in which 3.7 x 10¹⁰ atoms decay each second.

The fat content in milk has a natural variation, usually being at its lowest during the Spring and Summer and highest during the Autumn and Winter.

The prescribed standard for Channel Islands and South Devon milk is 4 per cent for fat and 8.5 per cent for solids-not-fat. The following table gives particulars of the samples of Channel Islands milk examined during 1963, with comparative totals for the preceding six years:

Table 103 : Channel Islands Milk—Average Composition

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	14	5.04	8.67
February ..	14	4.89	8.64
March ..	20	4.78	8.63
April ..	14	4.67	8.63
May ..	19	4.75	8.68
June ..	4	4.65	8.69
July ..	14	4.55	8.69
August ..	14	4.74	8.65
September ..	18	4.66	8.77
October ..	20	4.88	8.75
November ..	17	4.91	8.72
December ..	17	4.92	8.70
1963 ..	185	4.79	8.70
1962 ..	201	4.68	9.07
1961 ..	170	4.64	9.06
1960 ..	137	4.68	9.08
1959 ..	132	4.65	9.05
1958 ..	111	4.85	9.05
1957 ..	147	4.90	9.15

Other Foods and Drugs.—Table 105 on page 77 summarises the 413 samples of other Foods and Drugs which were examined by the Public Analyst and the following particulars indicate the action taken in respect of those samples found on analysis to be non-genuine.

- 1 Informal sample of Cake and Pudding Mix was found to contain a polyoxethylene derivative not permitted by the Emulsifiers and Stabilisers in Food Regulations, 1962. The shopkeeper was interviewed and it was ascertained that this commodity could have been in stock for several months, but no more remained. No further action could therefore be taken.
- 1 formal sample of Cake and Pudding Mix was found to contain a polyoxethylene derivative, not permitted by the Emulsifiers and Stabilisers in Food Regulations, 1962. A warning letter was sent to the manufacturer of this commodity.
- 1 informal sample of Cream Doughnuts was obtained and it was reported that cream substitute had been used. When the Sampling Officer went to obtain a formal sample, a notice was produced which stated “Goods sold in this shop do not contain Dairy Cream unless otherwise stated” and the formal sampling was not continued. In view of the price of the doughnuts it was not thought that there was any intention to defraud the public, and the firm were therefore warned regarding their legal obligations and the misuse of notices.
- 1 informal sample of Beef Sausages obtained from a School Canteen was found to be deficient in meat based on a privately negotiated standard and a formal sample was obtained.
- 1 formal sample of Beef Sausages relative to the above was found to contain sulphur dioxide preservative, contrary to the Preservatives Regulations, and also to be deficient in meat based on a privately negotiated standard. Legal proceedings were instituted with results as shown in the table on page 76.
- 1 informal sample of Custard Pie was submitted following a complaint and was found to contain several small black particles, having the characteristics of seeds. Representatives of the retailer and the manufacturer were interviewed and conditions at the bakery concerned investigated. No reason could be found as to the source of contamination, and a warning letter was sent to the manufacturer.
- 1 informal sample of Flavouriser was obtained and it was reported that the list of ingredients included “glutamate” which should have been expressed as monosodium glutamate. The manufacturers were informed and replied that they had already been made aware of the omission and that the labelling had been amended. No further action was taken.
- 1 formal sample of Ice-cream reported as a result of a complaint was found to contain part of a cigarette, the end of which had been burnt. Legal proceedings were instituted against the vendor and the results are given in the table on page 76.
- 1 informal sample of Sugar submitted as a result of a complaint was found to be contaminated with salt (Sodium Chloride). A statement was taken from the complainant and a representative of the manufacturer interviewed. As there was some doubt as to how the salt came to be in the sugar, the Clerk of the Council advised against a prosecution and wrote to the complainant accordingly.
- 1 informal sample of Chicken Fillets was found to be in a damaged condition due to bacterial decomposition caused by the package being defective and evidently not airtight. The vendors were written to and replied that they were withdrawing all stocks of this commodity.
- 1 informal sample of Borax B.P. was found to contain excess arsenic. A formal sample from this batch could not be obtained as no further packets remained in stock. The manufacturers were informed of the informal result.

- 1 informal sample of Stout was submitted following a complaint from a member of the public. The sample was found to consist of water containing a negligible trace of alcohol and had the odour of hydrogen sulphide. The sample did not consist of, or contain, stout. The Brewers were informed and replied that this occurrence was entirely outside their experience and one for which no adequate explanation was available, and concluded that it could possibly have been caused by a fault in the bottle. They expressed their regrets and gave an assurance that every precaution would be taken to prevent a recurrence. A warning letter was sent to the Brewers and the complainant informed accordingly.
- 1 informal sample of Dried Full Cream Milk compounded (Ostermilk) was submitted following a complaint by a member of the public and was found to be contaminated with a trace of phenolic substance. The complainant was interviewed and a further sample from the original stock submitted. As this latter sample proved to be genuine it was thought that the contamination had occurred in the complainant's household and no further action was taken.
- 1 informal sample of Lemon Squash was submitted following a complaint and was found to contain a large growth of mould, circular in shape and measuring approximately 2in. in diameter. A representative of the producers concerned was interviewed, but no positive conclusion could be reached as to how the mould had originated. The matter was put before the Clerk of the Council who decided not to institute proceedings against the company in this instance, but gave a warning that a serious view was taken of this offence. Written assurance was received that all possible steps would be taken to avoid any recurrence.
- 1 informal sample of Chocolate Sponge Cake Mix was found not to conform to the Labelling of Food Order in that the presence of cocoa was not declared in the list of ingredients, The manufacturers stated that their existing stock of cartons was to be overprinted to include cocoa as an ingredient.
- 1 informal sample of Condensed Milk—full cream evaporated—was forwarded following a complaint from a member of the public and was found to be in a curdy condition. This was found to be an exceptional occurrence as by the batch marking on the tin the product was nearly four years old. The wholesalers had been turning over stock conscientiously. As this non-genuine sample appeared to be an isolated case (for the commodities manufactured by this firm had been sampled regularly without finding any previous irregularity) no formal action was taken in this matter.
- 1 informal sample of Condensed Tomato Soup was found not to conform to the Labelling of Food Order in that the list of ingredients gave the alternative ‘onions or leeks’. The manufacturers stated that they had in 1961 sought the views of their local Public Health Inspector, the local Public Analyst and the Food Standards Committee and each had indicated that the phrase should be acceptable, although they knew of no precedent. In view of the fact that the Analyst for the County Council stated that the offence was not of a serious nature, no further action was taken in this matter.
- 1 informal sample of Cooking Fat submitted as a result of a complaint from a Hospital, showed incipient rancidity. The Matron was informed of the contents of the report and the remainder of the cooking fat discarded.

Other Cases.—Following a complaint the Assistant County Public Health Inspector visited a school and took possession of a third-pint bottle of milk containing a metal foil bottle-cap. The cap of the bottle was intact. The processor was interviewed and after careful consideration a letter was sent emphasising that the County Council take a very serious view of such cases and giving a warning that any further confirmed complaint of a similar nature might result in the institution of legal proceedings.

Following a complaint by a member of the public, the Assistant County Public Health Inspector obtained a statement to the effect that a pint bottle of milk had contained a plastic lined metal cap. A member of the firm of processors was interviewed and after careful consideration it was decided not to recommend that legal proceedings should be instituted. A warning letter was sent informing the firm that any further confirmed complaint of a similar nature might necessitate the institution of legal proceedings.

Table 104 : Court Proceedings

Magistrates' Court	Analysis	Result	Fine	Costs
Ludlow	(1) Contained 36.6% of lean meat (containing 18% of fat) and 22% of additional fat making a total meat content of 58.6%. According to a privately negotiated standard, the sausages should contain not less than 65% total meat, which should include not more than 15% of additional fat.	Plea of Not Guilty Found Guilty	£5	£3 5 0
	(2) Contained undeclared sulphur dioxide preservative, contrary to the requirements of the Preservatives Regulations.	Plea of Guilty Found Guilty, given a conditional discharge	—	4 0
Bridgnorth	Sample of ice-cream containing part of a cigarette	Guilty (Plea of Guilty)	£5	£5 5 0 plus Analyst's fee of £3 5 0

Table 105 : Food and Drug Samples taken in 1963 and Analysed by the County Analyst

Samples	Total	Formal		Informal	
		Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Baking Powder	4	—	—	4	—
Beverages	3	—	—	3	—
Blancmanges, Cornflour and Custard Powders	7	—	—	7	—
Bread	3	—	—	3	—
Butter	10	—	—	10	—
Cake, Pudding and Sponge Mixtures	9	—	1	6	2
Cakes, Puddings and Confectionery ..	7	—	—	5	2
Cereals	4	—	—	4	—
Cheese and Cheese Products	8	—	—	8	—
Chewing Gum	4	—	—	4	—
Coffee and Coffee Products	4	—	—	4	—
Flavoured, Condensed, Evaporated and Dried Milk	9	—	—	7	2
Condiments	13	—	—	13	—
Cream	7	—	—	7	—
Fats and Oils (Cooking)	10	—	—	9	1
Fish and Fish Products	12	—	—	12	—
Flavourings and Colourings	14	—	—	13	1
Flour	7	—	—	7	—
Fruit, Dried	7	—	—	7	—
Fruit Juices	5	—	—	5	—
Fruit, Tinned and Fresh	8	—	—	8	—
Gelatine	3	—	—	3	—
Gravy Browning and Salt	2	—	—	2	—
Herbs, Spices and Stuffing	8	—	—	8	—
Ice Cream	6	—	—	5	1
Jam, Marmalade, etc.	12	—	—	12	—
Jelly and Jelly Crystals	4	—	—	4	—
Lemonade Crystals	2	—	—	2	—
Margarine	8	—	—	8	—
Marzipan and Almond Paste	2	—	—	2	—
Meat and Meat Products	35	—	—	34	1
Medicines and Drugs	52	—	—	51	1
Nuts	6	—	—	6	—
Pickles	5	—	—	5	—
Rice and Rice Products	3	—	—	3	—
Sago, Tapioca, etc.	6	—	—	6	—
Sauces	13	—	—	13	—
Sausage	5	1	1	2	1
Soft Drinks	12	—	—	11	1
Soups	5	—	—	4	1
Sugar, Glucose, etc.	9	—	—	8	1
Sweets	6	—	—	6	—
Syrup and Treacle	4	—	—	4	—
Tea	5	—	—	5	—
Vegetables	16	—	—	16	—
Wines, Spirits, Beer, etc.	28	10	—	17	1
Yeast	1	—	—	1	—
TOTAL ..	413	11	2	384	16

Sampling of Raw Milk.—At least once a year, the County Sampling Officers obtain individual samples from raw milk which is sold by retail and these are tested for the presence of brucella abortus.

When a sample is found to be positive for brucella abortus, action is taken under Section 31 of the Food and Drugs Act, 1955, by which it is an offence for milk to be sold from the excretors of the organism. It is incumbent on the owner of the herd to take every precaution to prevent milk from the diseased animals contaminating that produced by the other animals in the herd. Usually the infected animals are taken out of the herd and sold for slaughter.

In addition a limited number of raw milk samples are submitted for testing for the presence of tubercle bacilli. Since the County is a Specified Area, these samples have been reduced in number over the last year.

There are 131 herds in the County producing milk for retail sale which is sold without heat treatment.

Table 106 : Sampling of Raw Milk Supplies

Source	Tubercle bacilli and Brucella Abortus			Brucella abortus				
	Herds Investigated	Samples Neg.	Pos.	Herds Investigated	Herds Neg.	Pos.	Samples Obtained	Samples Neg. Pos.
T.T. retail	16	16	—	102	83	19	2,466	2,407 59
Undesignated Consents	8	10	—	1	1	—	36	36 —
County Welfare Homes	1	1	—	—	—	—	—	— —
School Supplies	2	2	—	1	1	—	34	34 —
Hospital Dairy Farm	2	2	—	1	1	—	31	31 —
TOTAL ..	29	31	—	105	86	19	2,567	2,508 59

Milk in Schools Scheme.—Approval of milk supplied to schools is normally restricted to that designated either as “Pasteurised” or “Tuberculin Tested” and whenever “Pasteurised” milk is available this is supplied. Of the maintained, grant-aided and independent schools in the County receiving liquid milk, 350 had pasteurised and 2 had non-pasteurised but Tuberculin Tested milk.

A census taken by the County Education Department in September, 1963, showed that 83 per cent of the pupils in attendance at these schools received liquid milk under the Milk in Schools Scheme.

Examination of School Milk Supplies.—Samples of all school milk supplies are examined at least once a quarter. All samples are put to a Methylene Blue Colour test to determine the keeping quality of the milk and, in the case of “Pasteurised” milk, also to a Phosphatase test to determine whether the milk has been properly heat treated. The following table summarises the results of the examination of samples taken during 1963:

Table 107 : Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Pasteurised	252	233	12	7	252	—
Tuberculin Tested ..	6	6	—	—	—	—
TOTAL ..	258	239	12	7	252	—

*These samples were declared “void” because the atmospheric shade temperature at which they were stored in the Laboratory before testing exceeded 65°F.

The twelve samples reported above as failing the Methylene Blue Test were taken at the schools at varying times after the milk had been delivered.

Follow-up samples (taken at time of delivery) in respect of these methylene blue failures proved to be satisfactory.

Milk (Special Designation) Regulations, 1960.—The County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury) are responsible for the licensing of premises used for the pasteurisation and sterilisation of milk.

From 1st January, 1961, responsibility for the issue of Milk Dealers’ licences, with minor exceptions such as licences issued to the Milk Marketing Board, was transferred from District Councils to the County Council as Food and Drugs Authority. Licences issued are valid for 5 years and cover milk bottled on the dealers’ premises as well as “pre-packed” milk which is obtained by the licensed dealer in the container in which it is delivered to the consumer, and are issued for vending machines as well as premises.

Dealers’ Licences.—Licences issued by the County Council in 1963, included 257 Dealers’ (Pre-packed) licences (which cover “Tuberculin Tested”, “Pasteurised” and “Sterilised” milks) and 34 Dealers’ (Tuberculin Tested) licences.

Sterilised Milk.—No licences for the sterilisation of milk have yet been issued in respect of premises in this County.

Pasteurised Milk.—On 1st January, 1961, licences in respect of five pasteurising establishments were renewed by the County Council, and subject to the conditions prescribed by the above-mentioned Regulations will, unless suspended or revoked, remain operative until 31st December, 1965.

All such establishments are inspected regularly and the equipment and methods of production checked.

Samples of milk are also obtained and submitted for the statutory phosphatase test, which determines whether heat treatment has been properly carried out, or whether, after such treatment, the milk has been “contaminated” by the addition of raw milk.

Tests are made to determine the sterility of bottles and churns used at the various pasteurising plants. Of 38 tests made during the year, 35 were satisfactory.

Milk samples obtained during 1963 from pasteurising establishments licensed by the County Council numbered 216, and all passed the prescribed Phosphatase test.

Attested Area.—The whole of the County became an Attested Area on 1st October, 1959. This means that all the cattle in both dairy and beef herds are “Attested” animals, i.e. those which have been examined by a Veterinary Officer and found clinically free from Tuberculosis and also have not reacted to the single intradermal comparative Tuberculin Test. All Attested animals in the County are at present subjected to examination and test at least once every twelve months. Positive reactors found in any herd are sent for slaughter and the remaining animals are further tested after two months, six months and again after twelve months, and if no further positive reactors are found routine testing is resumed. If further reactors are found, the procedure is repeated.

A farmer holding a licence to produce Tuberculin Tested milk must have only Attested animals in his herd and must also satisfy the Ministry of Agriculture, Fisheries and Food that his premises, water supply and handling and production methods meet the requirements governing the issue of such licences.

The Milk (Special Designations) (Specified Areas) Orders, 1956—60.—When a “Specified Area” is declared by the Ministry (and this is now applied to the whole of Shropshire) only “designated milk” (i.e. Pasteurised, Sterilised or Tuberculin Tested milk) may be sold by retail for human consumption (other than catering sales) in the districts in that area. Where, however, any part of a district cannot be supplied with milk from a designated source, the Minister may grant a “consent” to a farmer to supply customers with non-designated milk; the customers are named on the consent form and permission to supply is for a limited period, usually one year. (See also Table 106).

Milk from an Attested herd which is not licensed for the production of Tuberculin Tested milk cannot be sold by retail in a Specified Area, unless it is either pasteurised or sterilised, or a consent has been granted by the Minister.

Cream is exempt from these requirements and may be sold within a Specified Area either as Pasteurised or Sterilised Cream, or without heat treatment even if it is produced by attested cattle not forming part of a T.T. herd.

Samples are obtained regularly from the various retailers who trade in the districts affected by the Orders and particulars of those taken by Sampling Officers of the County Health Department during 1963 are given in the table following:

Table 108 : Sampling in Specified Areas

Grade	Samples Tested	Phosphatase Test		Methylene Blue Test			Turbidity Test	
		Passed	Failed	Passed	Failed	Void*	Passed	Failed
Pasteurised	407	407	—	384	9	14	—	—
T.T. Pasteurised	562	562	—	526	12	24	—	—
T.T. Channel Islands Pasteurised ..	238	238	—	220	13	5	—	—
T.T. Channel Islands Farm Bottled	125	—	—	110	7	8	—	—
T.T. Channel Islands	3	—	—	3	—	—	—	—
T.T. Farm Bottled	67	—	—	63	3	1	—	—
T.T.	57	—	—	46	7	4	—	—
Sterilised	386	—	—	—	—	—	386	—
TOTAL FOR 1963 ..	1,845	1,207	—	1,352	51	56	386	—
TOTAL FOR 1962 ..	1,959	1,317	2	1,461	60	37	401	—
TOTAL FOR 1961 ..	1,562	994	2	1,133	70	52	307	—
TOTAL FOR 1960 ..	1,992	1,153	—	1,404	78	164	346	—

*This test is declared void when the atmospheric shade temperature at which the sample is stored in the Laboratory before testing exceeds 65°F.

In the case of those retailers whose milk failed the prescribed test, the facts were reported to the appropriate licensing authority.

SANITARY CIRCUMSTANCES OF THE COUNTY

The County Medical Officer of Health is required to inform himself as far as is practicable respecting all matters affecting or likely to affect the public health of the County, and be prepared to advise the County Council on any such matter; for this purpose he shall visit the several county districts as occasion may require, giving the Medical Officer of Health of each county district prior notice of his visit so far as this may be practicable.

He shall in each year make an Annual Report to the County Council on the sanitary circumstances and sanitary administration of the County.

The Public Health and Housing Committee of the County Council in December, 1943, decided that fuller information regarding the sanitary circumstances in the various county districts, and in the county as a whole, should be made available to them; the Health Committee of the County Council reiterated on two occasions in 1962 their wish that this should continue.

Housing.—The information supplied by District Medical Officers of Health relating to housing is summarised in Table X on page 111.

Only when the omissions from this and other Tables which follow are filled and the facts known, can a logical programme be planned and carried out for the improvement of houses and other sanitary facilities which come within the jurisdiction of a local housing authority.

Further to the Ministry of Housing and Local Government Circular 42/62 on the Improvement of Houses which was issued in 1962, the Minister has, on several occasions since, continued to press local authorities to make a determined effort to deal with their housing problems.

The Minister has also informed local authorities that he considers that they should programme for their housing needs. It is, therefore, the duty and responsibility of every local authority representative and officer in the County to tackle this major problem.

Repairs and improvements should be carried out to the older houses which are capable of being repaired and the unfit houses which cannot be rendered fit at a reasonable expense should be demolished.

This will mean that additional council houses for the tenants displaced by slum clearance will have to be provided, in addition to those required for their normal housing needs.

A number of local authorities throughout the County which have been carrying out major housing programmes are to be congratulated, and it is hoped that other authorities which are not dealing with this problem at the present time will do so in the future.

Unless Slum Clearance work is speeded-up in some of the authorities in the County, it is possible that, in some districts, slum properties will continue to be occupied for the next twenty or thirty years.

In Table X the number of houses demolished included in clearance areas is shown as 263, an increase of 112 properties above the 1962 figure, and other individually unfit houses demolished is shown as 158, a decrease of 80 when compared with the figure for 1962.

In addition, 191 houses have been closed compared with 193 in 1962. This figure, as mentioned in previous reports, is exceedingly high, especially when compared with houses demolished in clearance areas and as individually unfit houses.

From the above figures the Table shows that 165 houses were demolished in 3 of the 6 Boroughs; 159 were demolished in 6 of the 9 Urban Districts, and 97 were demolished in 8 of the 10 Rural Districts, so that in 3 Boroughs, 3 Urban Districts, and 2 Rural Districts, no houses were demolished during the year as being unfit under the Housing Acts.

In all, 820 houses (350 in 1961 and 960 in 1962) have been improved with standard or improvement Grants. This annual figure will be reduced as housing conditions are improved throughout the County.

It is disappointing that the number of houses improved in 1963 is less than in 1962, when so much work can still be carried out on the older properties, by making use of these Grants.

7,473 houses (approximately one in every thirteen houses) are listed as being unfit for human habitation.

Progress is being made by some local authorities with the determined and sustained effort asked for by the Minister. All should ascertain systematically what is needed in their own areas and initiate and pursue relentlessly logical plans to alleviate the appalling housing and sanitary conditions still too easily demonstrated.

Housing Acts, 1936 to 1961.—Contributions paid to District Councils.—Under the provisions of these Acts, the County Council are required to make annual contributions to District Councils in respect of houses provided as accommodation for members of the agricultural population and also in respect of other houses provided by a District Council where the rents are substantially lower than the average and the provision of such accommodation is likely to place an undue financial burden upon the District. The contributions vary from £1 per annum for each house for 40 years to £2 10s. 0d. per annum for each house for 60 years and the following are the particulars of County Council contributions made up to the end of 1963:

Table 109 : Grants paid by the County Council up to 31st December, 1963, under the Housing Acts, 1936—61

District	Houses eligible for grants	Grants	
		Paid in 1963	Total
		£	£
Atcham Rural	163	242	3,758
Bridgnorth Rural ..	78	149	1,925
Clun Rural	107	161	2,654
Dawley Urban	465	1,025	10,239
Drayton Rural	83	—	1,869
Ellesmere Rural ..	135	189	3,246
Ludlow Rural	44	78	1,080
Oswestry Rural ..	52	73	1,304
Shifnal Rural	20	30	468
Wellington Rural ..	82	112	2,081
Wem Rural	49	171	1,137
Wenlock Borough ..	16	27	386
TOTAL	1,294	2,257	30,147

Water Supply.—Table 110 below summarizes the information supplied by the District Medical Officers of Health relative to water supplies in their area.

Table 110 : Water Supplies—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District (Permanent) and Temporary)	WATER SUPPLIES				Other Supplies, (Wells, Streams Pumps, etc.)
		Public Mains		Private Mains		
		Piped	Stand Pipe Supplies	Piped	Stand Pipe Supplies	
Vacant						
Ellesmere Urban	792	792	Nil	Nil	Nil	Nil
Ellesmere Rural	2,147	†	†	†	†	†
Wem Urban	909	881	18	—	—	10
Wem Rural	3,339	519	39	631	89	2,061
Whitchurch Urban	2,390	2,279	†	—	—	†
Dr. Moore						
Oswestry Borough	4,038	4,019	2	13		4
Oswestry Rural	5,463	4,441	25	†	†	318
Dr. Capper						
Ludlow Borough	2,311	2,195	115	Nil	Nil	1
Dr. Hall						
Atcham Rural	7,589	6,123	510	†	†	1,642
Bishop's Castle Borough	446	411	23	6	3	3
Church Stretton Urban ..	1,035	986	—	1	—	48
Clun Rural	3,100	1,494	10	344	—	1,252
Ludlow Rural	4,377	2,365	530	200*		1,282*
Dr. Turnbull						
Bridgnorth Borough	2,777	2,756	11	2	—	8
Bridgnorth Rural	4,330	2,726	37	401	—	1,166
Wenlock Borough	4,800	†	†	†	†	†
Vacant						
Dawley Urban	3,368	3,021	340	—	—	7
Drayton Rural	2,534	1,652	63	50		759
Market Drayton Urban ..	2,129	2,092	31	Nil	Nil	6
Newport Urban	1,628	1,596	31	—	—	1
Oakengates Urban	4,578	4,556	22	—	—	—
Shifnal Rural	4,026	3,325	9	268	—	424
Wellington Urban	5,003	4,988	15	—	—	—
Wellington Rural	8,392	7,241	—	184	—	967
Dr. Mackenzie						
Shrewsbury Borough	15,749	15,731	Nil	Nil	Nil	18

*Approximate or estimated figures. †Figures not available or not known.

Housing authorities should have all the information asked for in the above table. Local authorities should insist that where public water supplies are made available, the owners of properties capable of connecting to the mains should provide a sufficient, satisfactory, pure and wholesome water supply, in accordance with the Public Health Act.

The 18 authorities showing main stand pipe supplies give the high total figure of 1,831 properties supplied with water from stand pipes. Water undertakings and local authorities alike should endeavour to reduce this figure by having water supplies taken in to the houses, unless the houses are to be dealt with by early action under the Housing Acts, or are not within a reasonable distance from the mains.

It is disappointing to see very good properties still drawing their water from stand pipe supplies which are only a few feet from the curtilage of the property, especially when this practice has been continuing for several years.

Sewage Disposal.—Particulars of the Sewage Disposal facilities available in the various sanitary districts are summarized in Table 111 below.

Table 111 : Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District (Perm. and Temp.)	SEWAGE DISPOSAL					Collection of night soil by local authority	
		Connected to disposal works owned by local authority	Connected to satisfactory private disposal or treatment plants	Without satisfactory means of sewerage	Houses using chemical, pail, earth or privy closets		Houses	Frequency
					With proper means of disposal	Without proper means of disposal		
Vacant								
Ellesmere Urban ..	792	730	62	—	—	—	—	—
Ellesmere Rural ..	2,147	265	†	†	†	†	—	—
Wem Urban ..	909	873	30	6	15	—	4	Weekly
Wem Rural ..	3,339	453	†	†	†	†	—	—
Whitchurch Urban ..	2,390	755	†	†	—	—	—	—
Dr. Moore								
Oswestry Borough ..	4,038	3,983	44	11	—	—	—	—
Oswestry Rural ..	5,463	2,463	1,813	1,187	†	†	—	—
Dr. Capper								
Ludlow Borough ..	2,311	2,253	36	22	22	—	—	—
Dr. Hall								
Atcham Rural ..	7,589	2,707	3,832	1,050	1,576		—	—
Bishop's Castle Borough	446	400	40	6	—	20	—	—
Church Stretton Urban	1,035	811	†	†	†	†	—	—
Clun Rural ..	3,100	†	†	†	†	†	—	—
Ludlow Rural ..	4,377	785	782	†	†	†	—	—
Dr. Turnbull								
Bridgnorth Borough ..	2,777	2,707	61	9	—	11	—	—
Bridgnorth Rural ..	4,330	1,242	1,828	1,260	1,334	—	—	—
Wenlock Borough ..	4,800	†	†	†	†	†	†	Weekly
Vacant								
Dawley Urban ..	3,368	2,627	268	473	473	—	473	Weekly
Drayton Rural ..	2,534	595	1,040	899	899	—	—	—
Market Drayton Urban	2,129	2,040	57	32	32	—	—	—
Newport Urban ..	1,628	1,616	4	8	—	8	—	—
Oakengates Urban ..	4,578	4,411	8	159	159	—	159	Weekly
Shifnal Rural ..	4,026	2,765	†	†	†	†	—	—
Wellington Urban ..	5,003	4,991	6	6	3	—	3	Weekly
Wellington Rural ..	8,392	6,248	†	†	†	†	98	Fortnightly
Dr. Mackenzie								
Shrewsbury Borough ..	15,749	15,459	206	84	84	—	—	—

† Figures not available or not known.

Complete information, which should be contained in the above table, will only be available if proper systematic district surveys are carried out in all the County districts.

Reference has been made in earlier Annual Reports to the necessity that local authorities should have this information in order to programme for sewerage and sewage disposal facilities to the properties in their district.

During recent years as more public water supplies have become available to several thousand more homes in the County, the need for sewerage and sewage disposal facilities in the villages which were previously without a sufficient and satisfactory water supply has increased, and it is essential that local authorities provide these facilities where necessary as early as possible if nuisances are to be avoided.

It is essential too, to have other details available to make complete observations on the properties using chemical, pail, earth or privy closets.

Local authorities, however, should require owners to have these closets converted to a waterborne system if a sufficient supply of water is available, and proper means of disposal can be provided.

Where properties with this type of closet accommodation are capable of being connected to a public sewer at a reasonable expense, and a sufficient supply of water is available, a local authority would be failing in their duty if they did not take the necessary action to have these closets converted; unless the properties are listed for early demolition.

Refuse Collection and Disposal.—Table 112 below summarizes the position with regard to refuse collection and disposal during 1963.

Table 112 : Refuse Collection and Disposal

District	Parishes or Wards where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. ..	All	—	Fortnightly	Council	Controlled
Bishop's Castle B. ..	All	—	Weekly and fortnightly	Council	Crude tipping
Bridgnorth B. ..	All	—	Weekly	Council	Controlled
Bridgnorth R. ..	All	—	Weekly and fortnightly	Council	Semi-controlled
Church Stretton U. ..	All	—	Weekly	Council	Semi-controlled
Clun R.	All	—	Weekly, fortnightly, monthly	Council	Semi-controlled
Dawley U.	All	—	Weekly	Council	Controlled
Drayton R.	All	—	26 days	Council	Controlled
Ellesmere U.	All	—	Fortnightly	Contract	Semi-controlled
Ellesmere R.	All	—	Fortnightly	Council	Semi-controlled
Ludlow B.	All	—	Weekly and twice weekly	Council	Controlled
Ludlow R.	All	—	Weekly and fortnightly	Council	Semi-controlled
Market Drayton U. ..	All	—	Weekly	Council	Controlled
Newport U.	All	—	Weekly	Council	Semi-controlled
Oakengates U.	All	—	Weekly	Council	Controlled
Oswestry B.	All	—	Weekly	Council	Controlled
Oswestry R.	12	1	Weekly to monthly	Council	Controlled
Shifnal R.	All	—	8—10 days	Council	Controlled
Shrewsbury B.	All	—	Weekly	Council	Controlled
Wellington U.	All	—	Weekly	Council	Controlled
Wellington R.	All	—	Weekly	Council	Semi-controlled
Wem U.	All	—	Weekly	Council	Uncontrolled and controlled
Wem R.	All	—	Fortnightly	Contract	Uncontrolled
Wenlock B.	All	—	Weekly and fortnightly	Council	Controlled
Whitchurch U.	All	—	Weekly	Council	Controlled

Over the years authorities have improved their refuse collection services. It is disappointing to see about the County the numbers of ‘make-do’ and insanitary receptacles used for the storage of refuse, especially in the more rural areas.

Authorities should insist that standard refuse storage bins should be provided by the occupiers or owners of all properties in order to avoid nuisance and the dangers to health as a result of household refuse being left exposed to flies and vermin.

In recent years a number of authorities have accepted that properly controlled tipping must be carried out in order to avoid nuisance and danger to health, and it is hoped that the system of controlled tipping will be adopted by all the local authorities throughout the County in the very near future in the interest of hygiene.

WATER SUPPLIES

Regrouping of Water Undertakings.—An application was made in November, 1962, by the East Shropshire Water Board to the Ministry of Housing and Local Government for an Order under the Water Act, 1945, and on 1st April, 1963, an enlarged Board was formed. The area of the Board now covers the following Local Authorities:

Ludlow Borough	Whitchurch Urban
Wenlock Borough	Bridgnorth Rural
Dawley Urban	Drayton Rural
Market Drayton Urban	Ludlow Rural
Newport Urban	Shifnal Rural
Oakengates Urban	Wellington Rural
Wellington Urban	Wem Rural
Wem Urban	

Proposals to amalgamate the remaining Local Authorities within the area of the County proceeded during the year with a view to the formation of the West Shropshire Water Board, which came into operation on 1st April, 1964.

Bridgnorth Borough still remains as part of the Wolverhampton Water Undertaking.

Local Government Act, 1958.—Table 113 on page 85 gives particulars of the grants which have been *paid or promised* by the County Council under Section 56 of the Local Government Act, 1958.

It will be noted that, up to the end of 1963, the actual or estimated cost of these schemes amounted to £146,014, and that the grants promised by the County Council amounted to a possible total of £48,123.

In July, 1953, the County Council adopted a report which recommended that only in very exceptional circumstances would there be need for County Council aid towards the cost of urban water supply schemes.

The following table gives particulars of the only urban water supply scheme submitted for grant purposes by District Councils up to the end of 1963, and which the County Council had approved in principle for grant purposes, subject to the submission of final details.

District	Description of Scheme	Estimated Cost
Newport Urban	For the augmentation of existing water supply and reservoir facilities	£29,400

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—Under these Acts, a sum of £75,000,000 has been placed at the disposal of the Minister of Housing and Local Government to assist Local Authorities in the provision or improvement of water supplies and sewage disposal facilities in rural areas.

Where the Minister undertakes to make contributions under these Acts towards the cost of schemes of Local Authorities, the County Council, by Section 2 of the Act of 1944, are also required to contribute.

Particulars of grants in respect of water supply schemes which were *paid or promised* by the County Council under these Acts up to the end of 1963 are given in the table on page 86.

NOTE: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1963, and which the County Council have approved in principle for grant purposes, subject to the submission of final details, are given in the tables on pages 87 to 90.

Table 113 : Local Government Act, 1958

Water Supply Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhabitants			Authorised	Period (Years)	Loan	Main- tenance	Basis	Maximum	Paid to 31 Dec. 63
Atcham Rural	Pimhill	..	288	1,152	£ 16,300	£ 2,500	{ £ 14,820 1,480 57,297	{ 30 15 30	£ 858	£ 698	50% annual deficit	£ 6,675	£ 4,920
	West Atcham	..	1,876	7,596	75,100	15,000		30	4,285	700	"	24,000	18,559
Bridgnorth Rural	Stottesdon	..	28	100	2,660	250	3,100	30	{ 153	50	Block Grant	250	250
	Kinlet	..	27	100	1,350	150			{ 48	30	"	150	150
Clun Rural	Bucknell	..	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton	..	88	350	4,500	400	5,100	30	225	—	"	1,245	729
Drayton Rural	Kempton	..	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore	..	137	524	4,080	—	{ 3,655 425	{ 30 25	189	378	50% annual deficit	885	465
Ludlow Rural	Hodnet	..	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900	900
	Ightfield	..	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
Oswestry Rural	Norton-in-Hales	..	67	200	1,970	—	1,505	30	106	127	"	1,656	541
	Clee Hill	..	511	1,930	5,516	—	5,516	30	317	108	33% annual deficit	1,837	1,534
	Weston Rhyn	..	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech	..	93	372	8,500	1,850	—	—	—	—	"	1,850	1,850
	Nantmawr	..	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	314
	Gronwen	..	10	40	437	—	373	30	23	2	"	225	51
	Llynclys	..	24	96	783	—	746	30	14	5	"	415	153
	Selattyn (Extension)	..	1,186	4,744	1,748	—	1,748	30	92	277	"	2,032	1,355
Wellington Rural	Edgmond	..	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£146,014							£48,123	£34,185

Table 114: Rural Water Supplies and Sewerage Acts, 1944 to 1955
Water Supply Schemes—Grants paid or promised by the County Council

Authority	Scheme	Approved	Estimated Capital Cost	Exchequer Grant			County Council Grant		
				Lump Sum	Half-Yearly Payments	Period (Years)	Annual Maximum	Period Payable (Years)	Paid to 31st Dec., 1963
Atcham Rural	Alberbury Borehole	61	£ 17,435	£ 2,000	£ —	—	£ 148	30	£ 396
	Alberbury Low Level	63	31,547	—	242	30	439	30	—
	Condover	60	122,903	—	785	30	1,570	30	2,820
	Cound Moor—Extension	61	5,051	1,532	—	—	77	30	50
	Extension to Dorrington and Ryton, Sheinton and Venus Bank	63	24,467	—	285	30	383	30	—
	Eaton Constantine—Extension	Nov., 61	12,278	—	137	30	220	30	150
	Picklescott	61	12,067	2,000	—	—	148	30	248
	Pimhill (East and West)	63	149,493	—	1,875	30	2,676	30	—
	Pontesford Hill	61	8,565	1,500	—	—	111	30	211
	West Atcham and Pimhill (Extension)	47	138,402	58,000	—	—	2,285	30	35,120
Bridgnorth Rural	West Atcham (Extension)	56	22,500	—	200	30	400	30	3,189
	Uckington	59	75,300	—	500	30	1,000	30	1,750
	Broughton	53	1,844	600	—	—	62	12	780
	Claverley	47	14,040	1,500	—	—	187	12	2,250
	Low Level Areas	54	353,000	70,000	2,014	30	8,054	30	69,738
	Low Level Areas (Branch Mains)	59	41,600	—	340	30	680	30	—
	Long Common	54	1,850	300	—	—	20	12	194
	Worfield	53	13,650	2,500	—	—	261	12	4,278
	Church Stretton and All Stretton Wards	61	23,200	—	90*	30	180	30	180
	Chirbury, Marton and Bent Lont Clungunford and Aston-on-Clun	62	136,871	—	930	30	1,860	30	1,260
Clun Rural	Snailbeach	59	21,168	4,000	—	—	205	30	2,665
		Nov., 54	29,600	—	170	30	340	30	450
		Feb., 59							
		Nov., 54							
Drayton Rural	Hodnet, Ighfield and Moreton Say	54	38,320	4,750	137	30	530	30	3,374
	Marchamley and Wollerton Wood	61	10,287	4,200†	—	—	100	30	—
	Wollerton and Lostford Extensions	61	8,328	1,350	—	—	—	—	—
		Nov., 52							
East Shropshire Water Board	Aston	52	3,700	800	—	—	46	30	—
	Kinnersley	52	3,621	2,000	—	—	84	30	—
	Longdon-on-Tern	56	7,170	1,250	—	—	88	30	—
	Tibberton	54	12,530	—	144	30	193	30	—
Ellesmere Rural	Myddle	62	60,820	—	470	30	940	30	—
	Welshampton	62	19,850	—	175	30	350	30	—
	Welshampton Extension	63	15,440	—	198	30	396	30	—
		Nov., 50							
Ludlow Rural	Clee Hill (Hill Top)	50	2,270	1,200	—	—	48	20	571
	Coreley	50	4,260	650	—	—	38	30	684
	Craven Arms	50	6,480	600	—	—	50	30	911
	Little Isle and Studley	50	2,641	550	—	—	28	30	468
	Little Stretton and Marshbrook	51	4,780	1,900	—	—	112	30	1,081
	Rushbury	55	14,238	—	—	—	258	30	2,502
	South-East Paishes	59	134,868	—	130	30	1,760	30	4,580
	Tickleton	55	4,209	700	—	—	40	30	521
	Western Area, Munslow Section	59	16,360	—	100	30	200	30	1,000
	Western Area—Stage I	61	290,100	—	1,850	30	3,700	30	5,126
Oswestry Rural	Branch Mains	61	12,800	2,000	—	—	148	30	—
	Comprehensive Scheme (Priority Portion)	54	157,776	36,000	850	30	2,850	30	26,985
	Llanyblodwel and Crickheath	59	23,800	—	170	30	340	30	1,020
	Mardy Reservoir	60	32,350	—	230	30	460	30	920
	Ruyton-xi-Towns	59	127,460	—	485	30	970	30	2,910
	South-East Area—Stage II	61	172,700	—	750	30	1,500	30	—
		Nov., 61							
Wem Rural	Burlton	62	6,700	—	83	30	166	30	—
	Hadnall	61	10,500	—	118	30	236	30	236
	Shawbury Extension	62	11,080	—	128	30	256	30	—
	Weston and Wixhill-under-Redcastle	63	1,720	194	—	—	194	—	—
			£2,233,542	(lump sum)					
				£178,618					

*The Ministry grant is in respect of the All Stretton Ward only. †Ministry of Agriculture, Fisheries and Food grant.

Table 115 : Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1963, and approved in principle for grant purposes

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
Atcham R. ..	East Atcham, Charlton Hill Area (revised) water mains and extension to Ironbridge: extensions to Reservoir at Bull Farm, Kenley and Acton Burnell.	90,626*	For the provision of a piped supply to the parishes of Atcham, Wroxeter and Leighton and to the proposed new power station at Buildwas. For extending the main from Evenwood Common to the reservoir to be constructed at Bull Farm, Kenley, and for extending the existing main from Pitchford to Acton Burnell.
	West Atcham	4,664	For the improvement of existing supplies to Drury Lane and Plox Green.
	The following scheme will eventually form part of a comprehensive scheme known as the East and South-East Atcham Scheme which is estimated to cost £151,000.		
	Buildwas	2,740	For the extension of the Harrington Water mains from Buildwas Power Station to Buildwas.
Bridgnorth R. ..	Farmcote and Gatacre Extensions	15,000	For extending a piped water supply to Farmcote and Gatacre.
	Low Level	5,300	For the provision of a piped water supply to Dye Lane and Low Lane areas of Alveley Parish.
	Astley Abbots	7,600	For the extension of existing water supplies to the village of Astley Abbots.
Bridgnorth R. with Ludlow R.	Joint High Level Scheme (Revised estimate)	493,000	For providing a piped water supply to the high level areas in the West of Bridgnorth Rural District and the east of Ludlow Rural District.
Clun R.	Aston Rogers	4,000	For the extension of existing water supplies from Aston Piggott to Aston Rogers.
	Brockton, Lydbury North and Edgton.	140,000	For the provision of improved supplies to Brockton, Lydbury North Parish, Bruns- low in Edgton Parish, and Kempton and Clunton in Clunbury Parish.
	Newcastle, Whitcott Keysett and Mardu.	32,625	For providing a piped water supply to the villages of Newcastle, Whitcott Keysett and Mardu.
	Revised scheme for South-Eastern Area.	94,500	For the provision of improved supplies to Hopton Castle, Hopton Heath, Twitchen, Clunbury, Little Brampton, Purslow, Bedstone Village, The Mynde and a connection to the extending main at Bucknell.
	The following scheme will eventually form part of a comprehensive scheme known as the Clun Rural District Scheme, which is estimated to cost £162,000.		
	Revised scheme for Lydham, More, Norbury and Wentnor.	85,000	For the provision of a piped supply to Lydham, More, Norbury, Wentnor, Whitcott, Crifftin, Walkmill and Asterton.
Drayton R. ..	The following schemes will eventually form part of the comprehensive scheme for the whole of the Drayton Rural District originally estimated to cost £185,000.		
	Carried forward ..	975,055	

*Less contribution from Central Electricity Board of £17,000.

(Continued on page 88)

(Continuation of Table on page 87)

Authority	Scheme	Estimated Cost	Description of Scheme
Drayton R. (continued)	Brought forward ..	£ 975,055	
	Adderley and Moreton Say	37,070	For the provision of a piped water supply in the parish of Adderley and part of the parish of Moreton Say.
	South-Eastern Parishes ..	136,100	For the provision of piped water supplies to the South-Eastern parishes of the Rural District.
	Stoke Park and Langley Dale	2,840	For the extension of an existing Main to Stoke Park and Langley Dale.
	Wistanswick	13,000	For the provision of a piped water supply for the village of Wistanswick and a few properties in neighbouring parish.
East Shropshire Water Board	Allscott and Walcot	13,500	For providing a piped water supply to the villages of Allscott and Walcot.
	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Cherrington	1,880	For providing a piped water supply to two farms and farmhouses and ten houses in the parish of Cherrington.
	Chetwynd	15,620	For the extension of piped water supplies for the parish of Chetwynd.
	Chetwynd Parish	5,190	For providing a piped water supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	Crudgington and Waters Upton	20,500	For the provision of a piped water supply to Crudgington, Crudgington Green and Stych Lane.
	Crudgington and Waters Upton— Shray Hill extension	3,400	For providing a piped water supply to the Shray Hill area by an extension from Crudgington and Waters Upton main.
	Donnington	3,500	To increase the pressure in the mains on the Donnington Housing Estate.
	Farley	1,700	For providing a piped water supply to the hamlet of Farley.
	Gorsey Bank	6,125	For the extension of an existing water supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	High Ercall	4,533	For providing a piped water supply in the village of High Ercall.
	Homer and Wig-Wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Much Wenlock	3,680	For augmenting the existing water supply at Much Wenlock.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	Carried forward ..	1,315,663	

(Continued on page 89)

(Continuation of Table on page 88)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward ..	£ 1,315,663	
	Pitchcroft	850	For the provision of a piped water supply to the hamlet of Pitchcroft.
	Rodington	12,060	For the extension of the existing mains in High Ercall to Rodington.
	Sheriffhales	20,000	For an additional borehole at Sheriffhales and a connection with the Oakengates supply system.
	Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ellesmere R. ..	The following schemes form part of a comprehensive scheme for the whole of the Ellesmere Rural District, originally estimated to cost £357,600. Comprehensive (Northern Area)	241,400	For the provision of piped supply to the parishes of Ellesmere Rural, Hordley, Cockshutt and Petton.
	Southern Area	99,300	For the provision of a piped supply to the Parishes of Petton, Baschurch, Great Ness and Little Ness.
	Pentre, Platt Bridge and New Marton	3,586	For the provision of a piped water supply to the Pentre, Platt Bridge and New Marton areas.
Ludlow R. ..	Cleobury Mortimer	855	For the extension of water mains at Catherton Road and Pinkham.
	Hopton Wafers	3,670	For supplying the village of Hopton Wafers with piped water from the Elan Aqueduct.
	Silvington and other parishes (distribution mains)	57,750	For tapping the trunk mains which will run through the Parishes of Silvington, Loughton, Wheathill and Hopton Wafers upon construction of the Bridgnorth and Ludlow Joint High Level Scheme.
	Southern-Eastern Parishes—Whatmore extensions	4,104	For extending water main from Coreley Bridge to Whatmore Hill.
	Western Area	476,000	For the provision of a piped water supply to a substantial part of the Ludlow Rural District.
	Western Area (Soudley Section)	65,500	For the provision of a piped water supply to the parishes of Acton Scott, Eaton-under-Heywood, Hope Bowdler, Little Stretton, Rushbury and Wistanstow (part).
Oswestry R. ..	The following schemes will form part of the remaining portion of a comprehensive scheme for the whole of the Oswestry Rural District, originally estimated to cost £510,000.		
	Carried forward ..	2,350,153	

(Continued on page 90)

(Continuation of Table on page 89)

Authority	Scheme	Estimated Cost	Description of Scheme
Oswestry R. (continued)	Brought forward ..	£ 2,350,153	
	South-Western Area ..	196,000	For providing a piped water supply to the south-western area of the district.
	Trefonen	3,080	For providing the village of Trefonen with a piped water supply.
	Mains extensions ..	5,870	For providing a piped water supply to various properties in parishes of Oswestry Rural District.
Wem R.	Wem Rural District ..	294,000	For the provision of piped water supplies throughout the whole of the Rural District.
	Loppington	12,000	For the provision of a piped supply to the village of Loppington.
Whitchurch U. ..	Whitchurch Urban District ..	66,350	For the provision of a new source of supply to replace the existing one in the Urban District.
	TOTAL ..	2,927,453	

During the year work commenced on the following Water Schemes :

District	Schemes
Atcham Rural	Charlton Hill Area Cressage—Sheinton Stapleton Dorrington—Ryton Venus Bank
Bridgnorth Rural	Joint High Level Scheme
Clun Rural	Chirbury, Marton, Bent Lont
Drayton Rural	Wistanswick
Ellesmere Rural	Northern Area Scheme
Ludlow Rural	Joint High Level Scheme

SEWERAGE AND SEWAGE DISPOSAL

Local Government Act, 1958.—Under Section 56 of the Local Government Act, 1958, the County Council may make contributions towards urban sewerage and sewage disposal schemes. The Council adopted a report, however, in July, 1959, which recommended that in consequence of the introduction by the Government of the rate deficiency grant, no contribution be made to Borough or Urban District Councils in respect of such schemes, except those towards which the County Council were already contributing or schemes submitted for approval before 1st April, 1959, providing they were commenced before 31st March, 1962.

Particulars of grants which have already been *paid or promised* by the County Council to District Councils are given in the table on page 92.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1963, grants under these Acts had been *paid or promised* by the County Council in respect of twenty-five sewage disposal schemes, particulars of which are contained in the following table:

Table 116 : Rural Water Supplies and Sewerage Acts, 1944—1955
Sewerage Schemes—Grants paid or promised by the County Council

Rural District	Scheme	Approved	Estimated Capital Cost	Exchequer Contribution			County Council Grant			
				Lump Sum	Half-yearly Payment	Period (years)	Annual Maximum	Period (years)	Total Maximum	Paid to 31st Dec., 1963
			£	£	£		£		£	£
Atcham ..	Bayston Hill I & II ..	May, 56	17,781	3,000	—	—	437	30	11,158	3,523
	Bayston Hill III ..	Nov. 61	44,905	—	325	30	650	30	19,500	1,150
	Bomere Heath ..	Nov. 62	32,479	—	213	30	426	30	12,780	—
	Cross Houses ..	Nov. 50	17,590	8,750	—	—	393	30	11,790	4,885
	Minsterley ..	Nov. 63	71,781	—	495	30	990	30	29,700	—
	Pontesbury ..	Nov. 61	26,867	—	190	30	380	30	11,400	300
Bridgnorth	Alveley ..	Nov. 63	49,345	—	167	30	334	30	10,020	—
	Claverley ..	Nov. 56	42,300	—	480	30	1,238	30	30,294	6,151
	Eardington ..	Sept. 58	12,900	—	165	30	416	30	10,158	1,578
	Highley Stage I ..	Nov. 56	34,200	—	383	30	986	30	24,162	6,104
	Worfield ..	Sept. 60	3,830	950	—	—	950	Lump sum	950	950
Drayton ..	Hodnet ..	Nov. 49	14,220	2,400	—	—	122	30	3,660	1,585
Ludlow ..	Ashford Carbonel ..	Sept. 57	20,650	—	175	30	462	30	10,246	2,510
	Clee Hill ..	Sept. 58	28,000	—	480	30	1,013	30	24,639	4,689
	Clee Hill (Extension) ..	Nov. 59	5,000	1,250	—	—	1,250	Lump sum	1,250	—
	Clee Hill (Craven Arms Inn Extension) ..	Nov. 61	1,520	250	—	—	250	Lump sum	250	—
	Cleobury Mortimer ..	Dec. 49	32,000	14,000	—	—	288	30	8,640	3,465
	Craven Arms ..	Nov. 63	69,000	—	146	30	292	30	8,760	50
Oswestry ..	Morda ..	Nov. 54	16,763	3,500	—	—	200	30	6,080	1,680
	Pant and Llanymynech ..	Sept. 60	73,395	—	475	30	950	30	28,500	950
	Weston Rhyn and Chirk (Revised) ..	Sept. 59	67,130	—	880	30	880	30	26,400	2,640
Wellington	Chetwynd Aston ..	July 63	42,197	—	369	30	738	30	22,140	—
	Edgmond ..	April 52	62,700	—	864	30	983	30	34,539	5,289
	High Ercall ..	Nov. 54	10,623	6,500	—	—	285	30	8,335	1,780
	Lilleshall Extension and Donnington ..	July 63	69,100	—	796	30	1,592	30	47,760	—
			£866,276				£16,505		£403,111	£49,279

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1963, and which the County Council have approved in principle, subject to the submission of final details, are given in the table on pages 93—94, from which it will be observed that the capital cost of these schemes amounted to a total of £2,005,199.

Table 117 : Local Government Act, 1958
Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Estimated Cost	County Council Grant		
				Basis	Amount promised	Paid
Bishop's Castle B.	Bishop's Castle ..	Nov., 56	£ 14,650	10 % of cost	£ 1,465	£ 1,456
Bridgnorth B. ..	Bridgnorth	July, 48	90,000	20 % of original cost of £62,000	12,400	12,200
Dawley U.	Dawley	Nov., 49	76,650	30 % of cost of Phase I: 20 % of Phase II	25,905	25,688
Ludlow B. ..	Ludlow	Dec., 57	259,469	9 % of cost	23,352	10,310
Newport U. ..	Newport	Mar., 57	162,176	6 % of cost	9,730	3,000
Oakengates U. ..	Oakengates	Mar., 57	91,000	11 % of cost	10,010	7,000
Shifnal R.	Albrighton	Nov., 44	13,077	25 % of cost	3,269	3,269
Shrewsbury B. ..	Bicton Heath	Nov., 54	6,800	7 % of net cost of £5,800	406	406
	Harlescott	Feb., 53	2,985	—	1,000	1,000
	Shrewsbury	Dec., 57	630,975	5 % of cost	31,548	16,000
Wellington U. ..	Wellington (Stages 1 & 2)	Nov., 54	91,400	7 % of cost	6,400	11,602
	Wellington (Stage 3)	April, 55	81,002	7 % of cost	5,670	
	Brooklands Estate .. (Trunk Sewer)	Nov., 58	8,700	8 % of cost	696	440
	Railway Station and Herbert Avenue	Sept., 59	14,000	8 % of cost	1,120	542
Wellington R. ..	Ketley and Lawley ..	May, 36	31,975	25 % of cost	8,000	8,000
	Donnington and .. Muxton	Feb., 39	18,460	20 % of cost	3,692	3,692
	Donnington and .. Muxton (extension)	Oct., 39	*9,000	20 % of cost	1,400	1,400
	Ditto	May, 43	16,850	20 % of cost	3,370	3,370
Wem U.	Wem (1st portion) ..	April, 55	26,800	10 % of net cost of £23,500	2,350	1,819
	(2nd & 3rd portions)	Dec., 56	68,900	11 % of cost	6,480	5,500
Wenlock B. ..	Broseley	Feb., 39	8,800	15 % of cost	1,320	1,320
	Madeley (Hill Top) ..	Nov., 54	3,300	15 % of cost	500	433
Whitchurch U. ..	Whitchurch	Sept., 57	102,506	3 % of cost	3,075	—
			£1,829,505		£163,158	£107,467

*An amount of £2,000 was contributed by the War Department towards the cost of this scheme, thus reducing the capital cost of £7,000.

Table 118 : Rural Water Supplies and Sewerage Acts, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1963, and approved in principle for grant purposes

District	Scheme	Estimated Cost	Description of Scheme
Atcham R. ..	Longden, Annscroft and Hookagate	£ 50,545	For the provision of sewerage and sewage disposal facilities in the villages of Longden, Annscroft and Hookagate.
with Wem R. ..	Hadnall and Battlefield (Revised joint scheme)	75,000	For the provision of sewerage and sewage disposal facilities in the Hadnall area and several properties in the Atcham Rural District.
Bridgnorth R. ..	Alveley (Revised) ..	49,345	For the provision of sewerage and sewage disposal facilities for the village of Alveley.
	Ackleton and Stableford	48,550	For the provision of sewerage and sewage disposal facilities for the villages of Ackleton and Stableford.
	Chorley	16,000	For the provision of sewerage and sewage disposal facilities for the village area at Chorley.
	Hilton	29,200	For the provision of sewerage and sewage disposal facilities for the village of Hilton.
	Morville	26,250	For the provision of sewerage and sewage disposal facilities for the village of Morville.
	Stottesdon	19,100	For the provision of sewerage and sewage disposal facilities for the village of Stottesdon.
	Woodhill	20,900	For the replacement of existing inadequate sewerage and sewage disposal facilities in Woodhill.
	Worfield Extension ..	875	For extension of existing sewer from Worfield to Davenport.
Church Stretton U.	All Stretton and Little Stretton	185,000	For sewerage facilities in All Stretton and Little Stretton, the relaying of an outfall sewer and the construction of new sewage disposal works.
Clun R.	Aston-on-Clun	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Clun Village	63,525	For the extension and improvement of existing facilities.
Drayton R. ..	Cheswardine	14,830	Adaptation and extension of existing sewerage and sewage disposal facilities.
	Woore	24,200	For the provision of sewerage and sewage disposal facilities in the parish of Woore.
Ellesmere R. ..	Cockshutt	48,184	For the provision of sewerage and sewage disposal facilities in the village of Cockshutt.
Ludlow R. ..	Clee Hill—Spring Farm	1,810	For the extension of sewers to serve Spring Farm area.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	Ruyton-xi-Towns ..	86,300	For the provision of sewerage and sewage disposal facilities for the village of Ruyton-xi-Towns.
Shifnal R. ..	Albrighton	35,460	For improvement of the existing sewerage system and extension of the sewage disposal works.
	Beckbury	8,320	For the provision of sewerage and sewage disposal facilities for the village of Beckbury.
	Shifnal	28,000	For the improvement of existing facilities and the construction of new sewage disposal works.
	Carried forward ..	£852,394	

(Continued on page 94)

(Continuation of Table on page 93)

District	Scheme	Estimated Cost	Description of Scheme
Wellington R. ..	Brought forward ..	£ 852,394	
	Hadley and Ketley (Revised)	261,182	For providing improved sewerage in the Hadley and Ketley areas and constructing a new disposal works at Hadley.
	Ketley Extensions— Mannerley Lane and The Rock	11,100	For the provision of sewerage facilities for properties at Mannerley Lane and The Rock.
	Preston and Horton ..	43,437	For the provision of sewerage and sewage disposal facilities for village of Preston and hamlet of Horton.
	Roden	9,770	For the provision of sewerage and sewage disposal facilities for the village of Roden.
	Sambrook	44,100	For the provision of sewerage and sewage disposal facilities for the village of Sambrook.
	Tibberton & Cherrington: Tibberton Section ..	44,300	For the provision of sewerage and sewage disposal facilities for the village of Tibberton.
	Cherrington Section	21,000	For the provision of sewerage and sewage disposal facilities for the village of Cherrington.
	Waters Upton	33,560	For the provision of sewerage and sewage disposal facilities for the village of Waters Upton and the Sitch Lane area.
Wem R.	Ash Magna and Ash Parva	6,779	To provide sewerage and sewage disposal facilities for the villages of Ash Magna and Ash Parva.
	Clive, Preston Brock- hurst, Yorton and Grinshill	11,500	For the provision of sewerage and sewage disposal facilities for the villages of Clive, Preston Brockhurst, Yorton and Grinshill.
	Loppington	29,250	For the provision of sewerage and sewage disposal facilities in the village of Loppington.
	Prees	15,500	For the provision of sewerage and sewage disposal facilities for the district of Prees.
	Shawbury	55,500	For the provision of sewerage scheme for the village of Shawbury and the adjacent areas of Edgebolton and Moreton Mill.
Wenlock B. ..	Madeley (Aqueduct) ..	66,327	For the provision of sewage disposal facilities in an area as yet unsewered.
	TOTAL ..	2,005,199	

During the year work commenced on the following Sewerage Schemes:

<i>District</i>	<i>Scheme</i>
Bridgnorth Rural	Alveley
Wellington Rural	Chetwynd Aston Lilleshall
Wem Rural	Prees

D. COUPS,
County Public Health Inspector.

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

Severn River Board.—Rivers (Prevention of Pollution) Acts, 1951—1961.—Under the provisions of Section 7 of the 1951 Act, all new discharges of sewage and trade effluent had to receive river board consent.

The principal effect of the 1961 Act was to require the river board's consent for all discharges of sewage and trade effluent existing before the commencement of the Rivers (Prevention of Pollution) Act, 1951.

Section 1(1) provided in effect that after a date to be appointed by the Minister it would be unlawful to make a discharge of sewage or trade effluent to a stream without making an application for the river board's consent.

The Minister fixed 1st June, 1963, as the "appointed date". All persons making pre-1951 discharges of sewage or trade waste were required to make application to the appropriate river board before 1st June to continue to do so.

The findings of the Board's Analyst upon the samples of sewage effluents in Shropshire during 1963 are summarized in the table below:

Table 119 : Sampling of Sewage Effluents

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Bishop's Castle B. . .	Sewage Works	1963 11th June	Unsatisfactory by Royal Commission recommended Standards.
Ellesmere U. . .	Oswestry Road New Works	12th Mar.	Very unsatisfactory. Equivalent to crude sewage.
	Oswestry Road Works	12th Mar.	Very unsatisfactory. Virtually equivalent to nearly average strength crude sewage.
	Wharf Meadow Works	12th Mar.	Not an excessively bad effluent but, nevertheless is unsatisfactory by Royal Commission recommended Standards.
	Oswestry Road Works	21st May	Unsatisfactory. By no means complies with the Board's Section 7 Consent conditions.
	Cambrian Avenue Works	21st May	Unsatisfactory by Royal Commission recommended Standards.
	Wharf Meadow Works	21st May	Unsatisfactory by Royal Commission recommended Standards.
	Cambrian Avenue Works	8th Aug.	Unsatisfactory.
	Oswestry Road New Works	8th Aug.	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Wharf Meadow Works	8th Aug.	Unsatisfactory because of excessive Suspended Solids, otherwise the effluent is satisfactory.
	Wharf Meadow Works	29th Aug.	B.O.D. satisfactory but Suspended Solids high by Royal Commission recommended standards.
	Oswestry Road New Works	29th Aug.	Unsatisfactory by Royal Commission recommended Standards.
	Wharf Meadow Works	26th Sept.	B.O.D. satisfactory but does not comply with Royal Commission recommended Standards in respect of Suspended Solids.
	Wharf Meadow Works	30th Sept.	Unsatisfactory by Royal Commission recommended Standards in respect of Suspended Solids.
	Oswestry Road New Works	30th Sept.	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Cambrian Avenue Works	30th Sept.	Unsatisfactory by Royal Commission recommended Standards.
	Wharf Meadow Works	24th Oct.	Unsatisfactory by Royal Commission recommended Standards.

(Continued on page 96)

(Continuation of Table on page 95)

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Market Drayton U.	Market Drayton Works	1963 8th Jan.	Unsatisfactory by Royal Commission recommended Standards.
	Market Drayton Works	15th May	Unsatisfactory by Royal Commission recommended Standards.
	Market Drayton Works	7th Aug.	Not an excessively bad effluent but is unsatisfactory by Royal Commission Standards.
Oswestry B.	Oswestry Works . . .	14th May	Unsatisfactory by Royal Commission recommended Standards.
	Oswestry Works . . .	28th May	Unsatisfactory by Royal Commission recommended Standards.
	Oswestry Works . . .	1st Aug.	Unsatisfactory by Royal Commission recommended Standards.
	Oswestry Works and Farm	14th Aug.	Unsatisfactory. Does not comply with Royal Commission recommended Standards.
	Oswestry Works . . .	3rd Sept.	Borderline B.O.D. but excessive in Suspended Solids in respect of Royal Commission recommended Standards.
	Oswestry Works outlet	17th Sept.	Unsatisfactory by Royal Commission recommended Standards.
	Oswestry Sewage Farm	25th Sept.	Unsatisfactory by Royal Commission recommended Standards.
Wellington U.	Wellington Works . . .	8th May	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Wellington Works . . .	21st Aug.	B.O.D. satisfactory and complying with the Board's Section 7 Consent conditions. Suspended Solids may be considered borderline.
Wem U.	Wem Works	8th May	Unsatisfactory. Virtually weak crude sewage, and such does not comply with the Board's Section 7 Consent conditions.
	Wem Works	14th May	Very unsatisfactory. Approaches average strength for crude sewage and, as such, far from complies with the Board's Section 7 Consent conditions.
	Wem Works	21st May	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Wem Works	28th May	Very unsatisfactory. Virtually the equivalent of weak crude sewage, by no means complies with the Board's Section 7 Consent conditions.
	Wem Works	5th June	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Wem Works	11th June	Very unsatisfactory. Virtually average/weak crude sewage and certainly does not comply with the Board's Section 7 Consent conditions.
	Wem Works	21st Aug.	Not an exceptionally bad effluent but unsatisfactory as it does not comply with the Board's Section 7 Consent conditions.
	Wem Works	4th Sept.	Does not comply with the Board's Section 7 Consent conditions in respect of Suspended Solids. B.O.D., however, was satisfactory.
	Wem Works	9th Oct.	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Wem Works	15th Oct.	Not an excessively bad effluent but, nevertheless, it does not comply with the Board's Section 7 Consent conditions.
Atcham R.	Pontesbury Works . . .	6th Mar.	Does not quite reach the Board's Section 7 Consent conditions.
	Ford Works	22nd Aug.	Unsatisfactory. This effluent does not comply with the Board's Section 7 Consent conditions.
	Ford Works	1st Oct.	Very unsatisfactory. Certainly does not comply with the Board's Section 7 Consent conditions.
	Pontesbury Works . . .	7th Oct.	Not an excessively bad effluent but does not comply with the Board's Section 7 Consent conditions.

(Continued on page 97)

(Continuation of Table on page 96)

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Atcham R. (<i>cont.</i>)	Cross Houses Works ..	1963 12th Nov.	Not an excessively bad effluent but is not satisfactory by Royal Commission recommended Standards.
Bridgnorth R. ..	Highley Works	12th Mar.	Unsatisfactory by Royal Commission recommended Standards.
Drayton R. ..	Cheswardine Works ..	15th Oct.	Satisfactory.
Oswestry R. ..	Morda Works	1st Aug.	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Morda Works	14th Aug.	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Park Hall Works ..	23rd Oct.	Innocuous. Virtually equivalent to stream water of clean quality.
	Gobowen Works ..	23rd Oct.	Not an excessively bad effluent but it does not comply with the Board's Section 7 Consent conditions.
	Gobowen Works ..	30th Oct.	B.O.D. satisfactory. However, does not comply with the Board's Section 7 Consent conditions.
Wellington R. ..	Edgmond Works ..	13th Mar.	Unsatisfactory. This sample does not comply with Board's Section 7 Consent conditions.
	Donnington Works ..	8th May	Satisfactory.
	Lawley Works	8th May	Unsatisfactory by Royal Commission recommended Standards.
	Edgmond Works ..	8th May	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Edgmond Works ..	7th Aug.	Not an excessively bad effluent but unsatisfactory as it does not comply with the Board's Section 7 Consent conditions.
	Edgmond Works ..	21st Aug.	Satisfactory.
	Lawley Works	22nd Aug.	Satisfactory.
	Roden Works	19th Sept.	Satisfactory.
	Ex C.W.S., Ltd., Roden Works	19th Sept.	Very satisfactory.
	High Ercall Works ..	5th Nov.	Satisfactory
	Edgmond Works ..	5th Nov.	Not an excessively bad effluent but does not comply with the Board's Section 7 Consent conditions.
	Tibberton Works ..	5th Nov.	Very unsatisfactory. Certainly does not comply with the Board's Section 7 Consent conditions.
	Lawley Works	11th Nov.	Unsatisfactory. Virtually weak crude sewage.
	Donnington Works ..	11th Nov.	A borderline effluent, but does not comply with the Board's Section 7 Consent conditions.
Wem R.	No. 2 Housing Site, Shawbury	19th Sept.	Satisfactory.

STATISTICAL TABLES

TABLE I

Population, Acreage and Density of Population in the
various Districts of Shropshire in 1963 (mid-year)

Districts						Population (estimated mid-1963)	Acreage (inclusive of water)	Persons per acre
URBAN								
Bishop's Castle Borough	..	..	..	..	..	1,230	1,867	0.66
Bridgnorth Borough	..	..	..	..	..	8,150	2,645	3.08
Church Stretton Urban	..	..	..	..	..	2,810	6,198	0.45
Dawley Urban	..	..	..	..	..	10,220	3,259	3.14
Ellesmere Urban	..	..	..	..	..	2,320	1,220	1.90
Ludlow Borough	..	..	..	..	..	6,800	1,068	6.37
Market Drayton Urban	..	..	..	..	..	6,000	1,216	4.93
Newport Urban	..	..	..	..	..	4,920	768	6.41
Oakengates Urban	..	..	..	..	..	12,780	2,396	5.33
Oswestry Borough	..	..	..	..	..	11,670	2,173	5.37
Shrewsbury Borough	..	..	..	..	..	50,710	8,118	6.25
Wellington Urban	..	..	..	..	..	15,120	2,281	6.63
Wem Urban	..	..	..	..	..	2,630	903	2.91
Wenlock Borough	..	..	..	..	..	15,020	22,657	0.66
Whitchurch Urban	..	..	..	..	..	7,160	6,053	1.18
TOTAL—Urban Districts	..	..	..	..	..	157,540	62,822	2.51
RURAL								
Atcham	..	..	..	..	..	23,290	134,490	0.17
Bridgnorth	..	..	..	..	..	13,590	100,897	0.13
Clun	..	..	..	..	..	8,680	132,512	0.07
Drayton	..	..	..	..	..	9,990	54,058	0.18
Ellesmere	..	..	..	..	..	7,630	48,253	0.16
Ludlow	..	..	..	..	..	13,450	112,823	0.12
Oswestry	..	..	..	..	..	19,570	61,524	0.32
Shifnal	..	..	..	..	..	15,500	39,562	0.39
Wellington	..	..	..	..	..	26,170	54,516	0.48
Wem	..	..	..	..	..	11,720	60,343	0.19
TOTAL—Rural Districts	..	..	..	..	..	149,590	798,978	0.19
ADMINISTRATIVE COUNTY	..	..	..	..	..	307,130	861,800	0.36

TABLE II

Deaths, Births and Infantile Mortality in Shropshire in 1963

DISTRICTS	DEATHS		BIRTHS					DEATHS OF INFANTS					
	Deaths at all ages	Rate per 1,000 of Population	Comparable Death-rate	Legitimate	Illegitimate	Total	Rate per 1,000 of Population	Comparable Birth-rate	Stillbirths	Under one month	Neo-natal mortality rate	Under one year	Infant mortality rate
URBAN													
Bishop's Castle Borough	25	20.32	7.32	13	—	13	10.56	13.31	—	—	—	—	—
Bridgnorth Borough	92	11.29	10.84	139	6	145	17.79	16.72	—	—	—	—	—
Church Stretton Urban	47	16.73	9.20	35	1	36	12.81	15.63	1	—	—	—	—
Dawley Urban	100	9.78	12.52	212	10	222	21.72	19.77	5	3	13.5	4	18.0
Ellesmere Urban	35	15.09	13.28	50	1	51	21.98	24.40	3	1	19.6	1	19.6
Ludlow Borough	107	15.73	11.48	100	4	104	15.29	15.90	1	1	9.6	2	19.2
Market Drayton Urban	96	16.00	15.20	124	12	136	22.67	24.48	5	3	22.0	4	29.4
Newport Urban	58	11.79	9.79	99	8	107	21.75	21.53	—	2	18.7	2	18.7
Oakengates Urban	144	11.34	13.04	240	18	258	20.19	19.58	5	5	19.4	6	23.3
Oswestry Borough	147	12.60	13.36	202	11	213	18.25	17.70	4	1	4.7	1	4.7
Shrewsbury Borough	627	12.36	12.85	864	38	902	17.79	17.08	17	9	10.0	12	13.3
Wellington Urban	156	10.32	10.63	284	19	303	20.04	20.44	9	4	13.2	6	19.8
Wem Urban	26	9.89	9.69	36	3	39	14.83	16.46	1	1	25.6	2	51.3
Wenlock Borough	203	13.51	12.29	225	18	243	16.18	16.83	6	2	8.2	3	12.3
Whitchurch Urban	120	16.76	11.40	109	1	110	15.36	16.74	2	1	9.1	2	18.2
Aggregate	1,983	12.59	12.21	2,732	150	2,882	18.29	18.11	59	33	11.5	45	15.6
RURAL													
Atcham	269	11.55	12.24	405	20	425	18.25	18.79	5	8	18.8	11	25.9
Bridgnorth	115	8.46	10.83	239	5	244	17.95	20.28	7	3	12.3	3	12.3
Clun	101	11.63	11.51	146	6	152	17.51	19.96	3	2	13.2	2	13.2
Drayton	81	8.11	10.06	201	9	210	21.02	19.55	4	4	19.0	5	23.8
Ellesmere	71	9.31	10.24	111	6	117	15.33	16.10	1	—	—	—	—
Ludlow	139	10.33	9.92	190	11	201	14.94	17.03	2	1	5.0	2	10.0
Oswestry	233	11.91	9.29	313	10	323	16.50	18.15	5	4	12.4	5	15.5
Shifnal	113	7.29	10.28	280	9	289	18.65	20.14	—	6	20.8	8	27.7
Wellington	285	10.89	14.92	480	35	515	19.68	19.88	12	6	11.7	11	21.4
Wem	150	12.80	14.08	199	14	213	18.17	18.90	1	3	14.1	6	28.2
Aggregate	1,557	10.41	11.56	2,564	125	2,689	17.98	19.06	40	37	13.8	53	19.7
ADMINISTRATIVE COUNTY	3,540	11.53	11.99	5,296	275	5,571	18.14	18.68	99	70	12.6	98	17.6

TABLE III

Registrar General's Statistics

Causes of Death in Shropshire during 1963

DISTRICTS	ALL CAUSES	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm					Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war			
											Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																					Leukaemia, aleukaemia	Diabetes	
URBAN:	25	—	—	—	—	—	—	—	—	—	1	3	1	1	1	3	—	4	5	—	1	2	1	3	1	—	—	—	—	—	—	—	—	—	—	—	—	
Bishop's Castle Borough	92	—	—	—	—	—	—	—	—	—	—	3	1	—	5	—	19	17	11	4	—	—	3	3	1	—	—	—	—	—	—	—	—	—	—	—	—	
Bridgnorth Borough	47	—	—	—	—	—	—	—	—	—	—	2	1	—	3	—	5	7	12	2	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Church Stretton Urban	100	2	—	—	—	—	—	—	—	—	—	1	1	—	7	—	12	24	9	4	—	—	9	10	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dawley Urban	35	1	—	—	—	—	—	—	—	—	—	3	1	—	4	—	10	10	3	—	—	—	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ellesmere Urban	107	—	—	—	—	—	—	—	—	—	—	1	—	—	9	—	19	10	24	3	—	—	10	9	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ludlow Borough	96	1	—	—	—	—	—	—	—	—	—	2	—	2	11	—	12	18	13	9	1	—	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	
Market Drayton Urban	58	1	—	—	—	—	—	—	—	—	—	2	—	2	4	—	4	10	5	1	—	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	
Newport Urban	144	1	—	—	—	—	—	—	—	—	—	2	—	2	9	—	18	30	18	9	8	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	
Oakengates Urban	147	1	—	—	—	—	—	—	—	—	—	4	4	3	15	—	20	29	28	3	1	—	1	10	—	—	—	—	—	—	—	—	—	—	—	—	—	
Oswestry Borough	627	4	—	—	—	—	—	—	—	—	—	9	18	11	64	3	90	121	94	23	—	33	32	7	—	—	—	—	—	—	—	—	—	—	—	—	—	
Shrewsbury Borough	156	—	1	—	—	—	—	—	—	—	—	3	3	1	11	—	39	31	15	7	—	9	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wellington Urban	26	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	8	2	5	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wem Urban	203	1	—	—	—	—	—	—	—	—	—	5	4	—	17	—	45	28	20	8	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wenlock Borough	120	—	—	—	—	—	—	—	—	—	—	4	3	—	12	—	21	13	24	4	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whitchurch Urban	1,983	12	1	—	—	—	—	—	—	1	41	60	29	14	175	7	13	326	355	290	68	6	91	108	12	28	2	12	9	—	16	189	20	31	19	1		
TOTAL—Urban Districts	Pop. 157,540																																					
RURAL:	269	1	—	—	—	—	—	—	—	—	9	5	3	2	26	1	2	42	42	39	13	1	13	11	1	2	1	—	—	—	—	—	—	—	—	—	—	—
Atcham	115	2	—	—	—	—	—	—	—	—	4	5	1	1	4	—	—	17	19	23	4	—	3	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgnorth	101	—	—	—	—	—	—	—	—	—	—	1	—	6	7	—	20	21	22	1	—	6	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clun	81	—	—	—	—	—	—	—	—	—	2	1	—	—	7	—	13	13	21	21	2	—	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drayton	71	—	—	—	—	—	—	—	—	—	4	3	—	—	6	—	14	16	9	2	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ellesmere	139	—	—	—	—	—	—	—	—	—	3	6	2	—	16	—	20	29	14	10	—	8	5	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Ludlow	233	1	—	—	—	—	—	—	—	—	6	6	3	—	14	1	3	20	42	53	6	—	7	13	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Oswestry	113	—	—	—	—	—	—	—	—	—	1	3	—	1	7	—	21	24	12	5	—	8	4	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Shifnal	285	—	—	—	—	—	—	—	—	—	7	11	4	—	25	6	44	43	34	16	—	9	16	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Wellington	150	—	—	—	—	—	—	—	—	—	6	6	1	3	15	—	25	17	21	13	—	—	7	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wem																																						
TOTAL—Rural Districts	1,557	6	—	2	—	—	—	—	—	6	44	51	15	8	126	10	8	236	266	248	72	11	62	67	12	15	4	15	5	2	20	130	28	39	13	—	—	
TOTAL—County	Pop. 149,590																																					
TOTAL—County	Pop. 307,130	18	1	2	—	—	—	—	—	7	85	111	44	22	301	17	21	562	621	538	140	17	153	175	24	43	6	27	14	2	36	319	48	70	32	1	—	—

TABLE IV
Causes of death by sex and age groups in Shropshire during 1963

[illegible]

TABLE V
Return of Cases of Notifiable Diseases during 1963

SANITARY DISTRICT	Scarlet Fever	Whooping Cough	Dysentery	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Ophthalmia Neonatorum	Puerperal Pyrexia	Erysipelas	Food Poisoning	†Tuberculosis (Respiratory)	Tuberculosis (C.N.S. and Meninges)	Tuberculosis (Other)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Diphtheria	Typhoid
URBAN AND BOROUGH :																			
Bishop's Castle ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Bridgnorth ..	—	—	—	118	—	—	—	—	—	—	—	2	4	—	—	—	—	—	—
Church Stretton ..	2	1	—	87	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dawley	5	41	—	27	12	—	—	—	—	—	—	—	3	—	1	—	—	—	—
Ellesmere	—	—	—	1	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—
Ludlow	1	—	—	61	2	—	—	—	—	—	—	1	2	—	—	—	—	—	—
Market Drayton ..	—	4	—	83	—	—	—	—	—	—	—	—	3	—	1	—	—	—	—
Newport	3	12	—	61	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Oakengates	7	1	—	138	—	1	—	—	—	—	—	—	6	—	1	—	—	—	—
Oswestry	11	6	1	259	2	—	—	—	—	—	—	—	4	—	1	—	—	—	—
Shrewsbury	13	33	2	603	—	—	—	—	—	2	—	—	10	—	1	—	—	—	—
Wellington	7	3	—	156	5	1	—	—	—	—	—	—	2	—	—	—	—	—	—
Wem	1	—	—	43	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Wenlock	3	8	—	12	8	—	—	—	—	2	2	—	3	—	1	—	—	—	—
Whitchurch	11	—	—	94	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—
TOTAL ..	64	109	3	1,743	41	2	—	—	—	4	9	3	40	—	7	—	—	—	—
RURAL :																			
Atcham	18	6	3	191	14	—	—	—	—	—	—	—	2	—	1	—	—	—	—
Bridgnorth	7	24	—	141	2	1	—	—	—	1	—	1	2	—	—	—	—	—	—
Clun	2	—	—	33	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Drayton	4	8	—	200	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—
Ellesmere	9	1	2	27	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ludlow	—	12	—	34	5	1	—	—	—	—	—	—	2	—	3	—	—	—	—
Oswestry	1	5	—	165	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—
Shifnal	34	34	—	322	15	2	—	—	—	—	—	—	1	—	—	—	—	—	—
Wellington	10	15	—	265	1	—	—	—	—	—	2	—	7	—	4	—	—	—	—
Wem	19	7	—	119	2	—	—	—	—	—	2	—	1	—	2	—	—	—	—
TOTAL ..	104	112	5	1,497	41	5	—	—	—	1	4	1	19	—	12	—	—	—	—
ADMINISTRATIVE COUNTY:																			
Total for 1963	168	221	8	3,240	82	7	—	—	—	5	13	4	59	—	19	—	—	—	—
Total for 1962	193	71	99	781	80	8	2	—	1	3	9	15	48	1	13	2	—	—	1
Increase (+) or Decrease (—)	—25	+150	—91	+2,459	+2	—1	—2	—	—1	+2	+4	—11	+11	—1	+6	—2	—	—	—1

—No notifications.

†Notifications exclude cases notified after death, and do not necessarily compare with the numbers of new cases of Respiratory Tuberculosis reported on page 18.

TABLE VI
Work performed in Nursing Districts in 1963

NURSING DISTRICT	STAFF			MIDWIFERY				HOME NURSING		HEALTH VISITING	ALL OTHER VISITS	TOTAL VISITS
	Nurses and Midwives	On 31st Dec., 1963		Domiciliary Confinements		Discharged Hospital Cases		Cases	Visits			
		W.T.	P.T.	Cases	Visits	Cases	Visits			Visits		
Alberbury	1	1	—	15	344	20	95	79	1,035	784	356	2,614
Albrighton	1	1	—	47	1,161	56	306	67	1,893	—	208	3,568
Ash	1	1	—	17	483	11	47	60	844	751	402	2,527
Atcham	1	1	—	56	1,291	20	75	78	2,572	12	9	3,959
Baschurch	1	1	—	20	523	9	37	71	709	693	263	2,225
Bishop's Castle	2	2	—	16	378	2	13	101	1,967	2,170	93	4,621
Bomere Heath	1	1	—	17	398	17	93	68	1,581	—	17	2,089
Bridgnorth	3	2	1	62	1,484	37	179	218	4,757	667	158	7,245
Burford	1	1	—	12	291	14	36	63	1,288	673	68	2,356
Chirbury	1	1	—	8	178	2	9	22	565	403	12	1,167
Church Stretton	2	2	—	19	532	23	57	411	6,109	512	238	7,448
Claverley	1	1	—	15	339	12	73	56	1,308	325	73	2,118
Cleobury Mortimer	2	2	—	12	382	55	99	144	1,821	1,473	216	3,991
Clun	1	1	—	4	134	7	30	154	3,154	—	214	3,532
Craven Arms	1	1	—	19	499	16	73	81	1,972	747	123	3,414
Dawley	2	2	1	94	2,159	94	292	154	3,318	—	111	5,880
Donnington	2	R.	1	64	1,415	63	250	109	3,082	—	99	4,846
Dorrington	1	1	—	4	82	16	62	123	1,612	544	57	2,357
Ellesmere	2	2	—	31	672	34	147	98	2,072	—	61	2,952
Gobowen	1	1	—	26	685	18	67	128	2,536	—	630	3,918
Hadley	1	1	—	36	773	40	168	105	1,844	—	335	3,120
Highley	1	1	—	5	179	17	109	65	1,563	50	69	1,970
Hinstock	1	1	—	17	439	6	37	58	1,409	472	58	2,415
Hodnet	1	1	—	16	407	13	64	77	1,413	850	108	2,842
Ironbridge	3	3	—	62	1,677	27	93	163	5,562	—	331	7,663
Kinnerley	1	1	—	16	333	6	36	74	620	885	383	2,257
Longden	1	1	—	17	436	13	57	57	1,404	—	7	1,904
Ludlow	3	2	—	24	647	28	126	119	3,778	459	214	5,224
Market Drayton	2	2	—	91	2,051	67	282	107	2,192	—	127	4,652
Moreton Corbet	1	1	—	27	617	23	89	64	1,289	—	50	2,045
Morton	1	*1	—	30	751	20	142	95	2,301	—	183	3,377
Much Wenlock	1	1	—	6	172	7	32	45	1,993	248	251	2,696
Munslow	1	1	—	3	88	7	47	64	885	617	22	1,659
Newport	2	1	1	77	1,653	83	369	78	1,562	—	170	3,754
Oakengates	3	3	—	137	3,219	97	434	236	4,319	—	453	8,425
Oswestry	4	3	2	84	2,117	70	358	524	11,332	—	992	14,799
Pontesbury	1	1	—	17	399	13	83	60	1,432	—	96	2,010
Prees	1	1	—	29	692	6	39	63	1,061	—	67	1,859
St. Martins	—	†—	—	6	131	18	90	24	191	—	14	426
Shifnal	2	R.	—	26	614	21	122	80	3,406	—	229	4,371
Shrewsbury	13	13	5	404	10,689	212	977	854	26,054	—	1,167	38,887
Stiperstones	1	1	—	9	203	8	24	33	1,221	336	39	1,823
Stoke-on-Tern	1	1	—	25	815	10	62	51	987	664	53	2,581
Stoke St. Milborough	1	1	—	5	132	4	9	57	1,099	618	27	1,885
Sundorne	1	1	—	14	299	30	98	42	1,086	568	25	2,076
Trefonen	1	*1	—	17	393	19	83	63	1,602	—	414	2,492
Wellington	2	2	1	109	3,050	144	474	155	4,030	—	460	8,014
Wem	1	1	—	30	734	8	48	86	1,779	—	152	2,713
Westbury	1	1	—	16	355	8	51	47	1,112	940	115	2,573
West Felton	1	1	—	19	423	11	43	116	1,091	—	21	1,578
Weston Rhyn	1	1	—	14	320	20	82	121	1,293	90	31	1,816
Whitchurch	2	1	1	85	2,648	18	141	100	1,732	—	85	4,606
Whixall	1	1	—	23	508	5	9	104	1,113	569	275	2,474
Wrockwardine	1	1	—	20	460	11	38	23	807	636	24	1,965
Agency—Radnorshire	—	—	—	1	40	—	—	17	295	—	—	335
Agency—Montgomeryshire	—	—	—	—	—	—	—	—	—	14	—	14
Relief Staff	6	3	4	Work allocated to District in which performed				—	—	—	—	—
TOTAL	93	81	17	2,075	51,894	1,616	6,956	6,312	139,052	17,770	10,455	226,127

*Also employed in Oswestry Nursing District.

R.—Covered by whole-time relief nurse.

†Covered by adjoining districts until 31st July, 1963; then combined with Weston Rhyn.

TABLE VII
Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1963

DISEASE	CASES			MALES							FEMALES										
	Males	Females	Total	0—	5—	15—	25—	35—	45—	55—	65—	75—	0—	5—	15—	25—	35—	45—	55—	65—	75—
Tuberculosis, all forms	11	12	23	—	6	1	—	1	3	5	1	—	—	5	2	2	3	2	3	1	1
Other infectious diseases	24	24	48	8	2	1	—	1	1	4	—	—	3	2	—	—	2	—	2	6	—
Parasitic diseases	5	8	13	3	—	—	—	—	—	—	—	—	1	2	2	—	1	1	1	—	—
Malignant and lymphatic neoplasms	124	163	287	—	—	2	2	1	10	27	49	33	—	—	—	—	1	7	18	52	41
Asthma	11	34	45	2	—	2	1	—	1	—	2	3	—	—	—	—	3	5	5	7	7
Diabetes mellitus	28	76	104	—	—	1	3	1	—	7	8	8	—	1	—	—	4	—	6	33	21
Anaemia	107	494	601	—	—	—	1	2	4	23	32	45	—	—	10	25	38	57	66	128	170
Vascular lesions affecting central nervous system	122	227	349	—	—	1	1	—	5	18	35	62	—	—	—	—	—	1	26	61	139
Other mental and nervous diseases	38	85	123	—	2	—	—	1	7	12	11	5	—	2	4	4	4	14	15	16	24
Diseases of the eye	15	23	38	4	2	—	2	—	—	2	4	1	1	1	1	1	—	—	3	6	7
Diseases of the ear	28	46	74	3	4	6	1	5	2	31	67	101	9	8	4	1	9	6	6	4	2
Diseases of the heart and arteries	209	316	525	—	—	1	—	2	7	5	—	6	1	—	1	5	4	9	16	67	196
Diseases of the veins	25	197	222	—	2	—	—	1	2	5	9	6	—	—	3	10	6	6	11	23	73
Upper respiratory diseases	47	90	137	13	12	6	3	4	1	1	1	6	20	8	11	12	6	6	6	8	8
Other respiratory diseases	125	154	279	37	6	1	1	4	9	11	29	27	21	6	3	11	7	7	9	31	59
Other respiratory diseases	106	154	260	11	10	2	3	5	6	15	21	33	5	5	6	6	7	13	37	28	47
Constipation	120	166	286	24	7	2	9	5	18	25	17	13	21	3	10	14	19	19	30	29	21
Other diseases of digestive system	120	—	120	47	10	2	—	4	3	17	18	19	—	—	—	—	—	—	—	—	—
Diseases of urinary system and male genital organs	—	439	439	—	—	—	—	—	—	—	—	—	2	4	43	50	41	39	47	98	115
Diseases of breast and female genital organs	—	222	222	—	—	—	—	—	—	—	—	—	—	—	76	111	34	1	—	—	—
Complications of pregnancy and puerperium	205	273	478	36	28	22	13	15	16	27	26	22	41	20	23	18	21	27	36	42	45
Diseases of skin and subcutaneous tissues	46	193	239	—	2	2	1	1	6	11	9	14	—	5	1	3	9	16	37	51	71
Diseases of bones, joints and muscles	268	354	622	60	64	37	19	14	17	14	18	25	35	39	33	19	32	28	40	69	59
Injuries	68	191	259	—	—	—	—	—	—	1	4	63	—	—	—	—	—	—	—	19	172
Senility	224	290	514	43	10	2	13	23	35	47	30	21	34	11	16	26	25	44	52	46	36
Other defined and ill-defined diseases	—	4	5	—	—	—	—	—	1	—	—	—	—	—	2	1	1	—	—	—	—
Diseases not specified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	2,077	4,235	6,312	291	167	91	73	90	154	308	391	512	195	120	251	330	290	347	519	865	1,318

TABLE VIII

Home Nursing Service—Cases Completed in 1963—Duration of Treatment, Visits and Disposal

DISEASE	TOTAL CASES	DURATION OF TREATMENT		VISITS			DISPOSAL OF CASES								
		Length (days)	Average per case (days)	Total		Average per case	Average per case per week	Recovered, relieved or convalescent	Admitted to hospital or nursing home	Died	Gone away	Out-patient, X-ray, own doctor, etc.	Treatment undertaken by patient	Discon- tinued	Others
				Day	Night										
Tuberculosis, all forms	17	1,552	91	1,080	—	63.5	8	4	2	—	1	—	2	—	—
Other infectious diseases	46	784	17	466	—	10.1	36	4	1	—	4	—	1	—	—
Parasitic diseases	10	206	21	94	—	9.4	8	—	—	—	2	—	—	—	—
Malignant and lymphatic neoplasms	240	17,180	62	9,296	87	39.1	33	59	137	6	2	2	1	—	2
Asthma	34	4,532	133	504	1	14.8	20	5	4	2	3	—	—	—	—
Diabetes mellitus	61	14,029	230	9,591	—	157.2	9	26	2	9	2	11	2	—	—
Anaemia	275	74,891	272	14,256	—	51.8	138	52	21	40	18	2	2	—	2
Vascular lesions affecting central nervous system	269	19,568	73	7,972	7	29.7	43	89	117	11	—	1	—	—	8
Other mental and nervous diseases	73	23,949	328	7,726	—	105.8	18	29	10	14	2	—	—	—	—
Diseases of the eye	32	5,812	182	3,209	—	100.3	19	5	1	1	5	1	—	—	—
Diseases of the ear	73	1,066	15	571	—	7.8	48	5	—	1	18	1	—	—	—
Diseases of the heart and arteries	405	46,877	116	16,675	19	41.2	121	87	161	23	1	6	3	—	3
Diseases of the veins	155	20,547	133	6,795	1	43.8	102	34	2	9	7	—	1	—	—
Upper respiratory diseases	135	1,279	9	881	1	6.5	122	2	—	1	8	—	2	—	—
Other respiratory diseases	268	10,233	38	4,368	10	16.3	199	34	26	3	3	3	—	—	—
Constipation	243	3,305	14	1,188	2	4.9	211	15	2	3	12	—	—	—	—
Other diseases of digestive system	260	11,328	44	6,203	71	24.1	202	24	6	7	19	—	2	—	—
Diseases of urinary system and male genital organs	105	2,194	21	1,410	2	13.4	86	10	5	—	3	—	1	—	—
Diseases of breast and female genital organs	383	15,272	40	3,050	1	8.0	309	22	2	9	32	7	2	—	—
Complications of pregnancy and puerperium	216	2,410	11	1,528	4	7.1	140	55	—	4	8	1	8	—	—
Diseases of skin and subcutaneous tissues	439	9,990	23	5,786	1	13.2	282	29	1	7	18	1	1	—	—
Diseases of bones, joints and muscles	121	14,468	120	5,094	—	42.1	57	31	7	12	10	1	3	—	—
Injuries	600	11,739	20	6,396	9	10.7	486	38	3	12	57	1	3	—	—
Senility	177	45,434	257	11,676	4	66.0	21	78	56	16	—	2	—	—	4
Other defined and ill-defined diseases	502	4,482	9	1,948	3	3.9	141	50	1	5	305	—	—	—	—
Diseases not specified	5	36	7	24	—	4.8	2	—	—	1	2	—	—	—	—
TOTAL	5,144	363,217	71	127,787	223	24.9	2,961	787	567	196	542	38	34	19	—

TABLE IX
Child Welfare Centres

Name and Address of Centre		Sessions
ALBRIGHTON The Surgery, Shaw Lane. Tel. Albrighton 301/2	<i>Child Welfare</i> <i>Immunisations</i>	Wednesdays 2.00 p.m.— 3.45 p.m. 1st, 3rd and 5th Wednesday .. 2.00 p.m.— 3.45 p.m.
BASCHURCH Mrs. Dawson's Room	<i>Child Welfare</i> <i>Immunisations</i> <i>Welfare Foods</i>	1st Tuesday 2.30 p.m.— 4.30 p.m.
BAYSTON HILL Memorial Hall	<i>Child Welfare</i> <i>Immunisations</i> <i>Welfare Foods</i>	Mondays 2.00 p.m.— 5.00 p.m. Mondays 2.00 p.m.— 5.00 p.m. 3rd Monday 9.30 a.m.—12 noon Mondays 2.00 p.m.— 5.00 p.m.
BISHOP'S CASTLE Stone House	<i>Child Welfare</i> <i>Immunisations</i>	2nd and 4th Fridays 1.30 p.m.— 4.30 p.m.
Bridgnorth (Northgate) Northgate Tel. Bridgnorth 3357	<i>Ante-Natal</i> <i>Chest</i> <i>Child Welfare</i> <i>Chiropody</i> <i>Dental</i> <i>District Nurses' Sessions</i> <i>Domestic Help</i> <i>Immunisations</i> <i>Mothercraft and Relaxation</i> <i>Probation Reporting Centre</i> <i>Psychiatric (Adults)</i> <i>School</i> <i>Speech Therapy</i> <i>Welfare Foods</i> <i>W.V.S. Play Group</i>	Mondays 2.00 p.m.— 4.00 p.m. 2nd and 4th Tuesdays 9.00 a.m.— 1.00 p.m. Mondays 1.30 p.m.— 4.30 p.m. 2nd and 4th Thursdays 2.00 p.m.— 5.00 p.m. By arrangement Mondays 2.00 p.m.— 4.00 p.m. Mondays and Fridays 10.00 a.m.—12.00 noon 2.15 p.m.— 4.30 p.m. Wednesdays 2.15 p.m.— 4.30 p.m. 1st Monday 9.30 a.m.—12.30 p.m. Wednesdays 2.30 p.m.— 4.00 p.m. 2nd and 4th Tuesdays } 4.00 p.m.— 6.30 p.m. 2nd and 4th Thursdays } Wednesdays 9.30 a.m.— 1.00 p.m. 1st Monday 9.00 a.m.—10.30 a.m. Fridays 9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. Mondays 2.15 p.m.— 4.30 p.m. Thursday afternoons
BRIDGNORTH (Grove) St. Mary's Church Hall	<i>Child Welfare</i> <i>Immunisations</i> <i>Welfare Foods</i>	4th Thursday 1.30 p.m.— 4.30 p.m.
BROSELEY Victoria Institute	<i>Child Welfare</i> <i>Chiropody</i> <i>Immunisations</i>	1st, 3rd and 5th Thursdays .. 2.30 p.m.— 4.30 p.m. 3rd Tuesday and 1st Friday .. 2.30 p.m.— 5.00 p.m. 1st, 3rd and 5th Thursdays .. 2.30 p.m.— 4.30 p.m. 1st Thursday 9.30 a.m.—12.00 noon
BUNTINGSDALE (R.A.F.) Market Drayton	<i>Child Welfare</i> <i>Immunisations</i> <i>Welfare Foods</i>	Thursday afternoons Alternate Thursday afternoons Thursdays 2.30 p.m.— 4.00 p.m.
CHURCH STRETTON Sylvester Horne Institute	<i>Ante-Natal</i> <i>Child Welfare</i> <i>Immunisations</i> <i>Chiropody</i>	1st and 3rd Thursdays 2.00 p.m.— 4.30 p.m. 2nd and 4th Thursdays 9.30 a.m.—12.30 p.m.
CLEOBURY MORTIMER Parish Hall	<i>Child Welfare</i> <i>Chiropody</i> <i>Immunisations</i> <i>Welfare Foods</i>	1st and 3rd Wednesdays 2.00 p.m.— 4.00 p.m. 2nd and 4th Wednesdays 9.30 a.m.—12.30 p.m. 1st and 3rd Wednesdays 2.00 p.m.— 4.00 p.m. Wednesdays 2.00 p.m.— 4.00 p.m.
COSFORD (R.A.F.) R.A.F. Cosford	<i>Child Welfare</i> <i>Welfare Foods</i> <i>Immunisations</i>	Thursdays 2.15 p.m.— 4.00 p.m. Thursday afternoons At Station Sick Quarters on Thurs- day afternoons
DAWLEY Doseley Road Tel. Dawley 400	<i>Ante-Natal</i> <i>Audiology</i> <i>Child Welfare</i> <i>Dental</i> <i>General Practitioners' Ante-Natal</i> <i>Immunisations</i> <i>Mothers' Club</i> <i>Mothercraft and Relaxation</i> <i>Probation Reporting Centre</i> <i>Registrar's Office</i> <i>Welfare Foods</i>	1st, 3rd and 5th Tuesdays .. 1.30 p.m.— 4.30 p.m. By arrangement Tuesdays 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m. By arrangement Thursday 9.30 a.m.— 4.30 p.m. 1st Wednesday 9.30 a.m.—12.00 noon Thursdays 7.30 p.m. onwards 2nd and 4th Wednesdays .. 2.00 p.m. onwards (Post-Natal Exercises 3.00 p.m.) Wednesdays & alternate Thursdays 4.00 p.m.— 7.00 p.m. Monday 9.00 a.m.—11.00 a.m. Wednesday 9.00 a.m.—11.00 a.m. 6.00 p.m.— 7.00 p.m. Friday 9.00 a.m.—11.00 a.m. 6.00 p.m.— 7.30 p.m. Tuesdays 10.30 a.m.—12.00 noon 2.00 p.m.— 4.00 p.m.
DONNINGTON Garrison Welfare Centre, Northgate, The HUMBERS	<i>Child Welfare</i> <i>Immunisations</i> <i>Welfare Foods</i>	2nd and 4th Fridays 2.00 p.m.— 4.30 p.m. Friday 2.00 p.m.— 4.00 p.m.

Name and Address of Centre	Sessions			
DONNINGTON Turreff Hall	<i>Ante-Natal</i>	1st, 3rd and 5th Wednesdays ..	1.30 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	Wednesdays	1.30 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	1st Tuesday	2.00 p.m.— 5.00 p.m.	
	<i>Immunisations</i>	1st, 3rd and 5th Wednesdays ..	1.30 p.m.— 4.30 p.m.	
		3rd Wednesday	9.30 a.m.—12.00 noon	
	<i>Welfare Foods</i>	Wednesdays	2.00 p.m.— 4.00 p.m.	
ELLESMERE Brownlow Road Tel. Ellesmere 181	<i>Ante-Natal</i>	{ 1st Tuesday	10.00 a.m.—12.00 noon	
		{ 1st, 3rd and 5th Tuesdays ..	1.30 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	{ Tuesdays	1.30 p.m.— 4.30 p.m.	
		{ 1st Tuesdays	10.00 a.m.—12.00 noon	
	<i>Dental</i>	{ Tuesday and Thursday	9.30 a.m.— 4.00 p.m.	
	<i>Immunisations</i>	{ 1st Tuesday	10.00 a.m.—12.00 noon	
		{ 1st, 3rd and 5th Tuesdays ..	1.30 p.m.— 4.30 p.m.	
	<i>Registrar of Births, etc.</i> ..	{ Monday and Thursday	9.00 a.m.—10.45 a.m.	
		{ Saturday	9.00 a.m.—10.30 a.m.	
	<i>Welfare Foods</i>	Tuesdays	1.30 p.m.— 4.30 p.m.	
HADLEY Old People's Rest Room	<i>Child Welfare</i>	2nd and 4th Tuesdays	{ 10.30 a.m.—12.30 p.m.	
			{ 1.30 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	1st and 3rd Thursdays	2.00 p.m.— 5.00 p.m.	
	<i>Immunisations</i>	2nd Tuesday	10.00 a.m.—12.00 noon	
	<i>Welfare Foods</i>	2nd and 4th Tuesdays	{ 10.30 a.m.—12.30 p.m.	
			{ 1.30 p.m.— 4.00 p.m.	
HIGHLEY Miners' Welfare Youth Centre	<i>Child Welfare</i>	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	2nd and 4th Thursdays	9.30 a.m.—12.30 p.m.	
	<i>Immunisations</i>	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.	
	<i>Welfare Foods</i>	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.	
IRONBRIDGE Severn Bank House Tel. Ironbridge 2256	<i>Ante-Natal</i>	Friday	2.00 p.m.— 4.30 p.m.	
	<i>Branch Library</i>	{ Tuesday and Friday	10.00 a.m.— 1.00 p.m.	
			2.00 p.m.— 5.00 p.m.	
			5.30 p.m.— 7.30 p.m.	
		Saturday	10.00 a.m.—12.30 p.m.	
	<i>Child Welfare</i>	Fridays	2.00 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	1st and 3rd Fridays	9.30 a.m.—12.30 p.m.	
	<i>Immunisations</i>	1st and 3rd Fridays	2.00 p.m.— 4.30 p.m.	
		Tuesday	9.00 a.m.— 1.00 p.m.	
	<i>Magistrates' Clerk's Office</i> ..	{ Thursday	2.00 p.m.— 5.00 p.m.	
		{ Friday	2.00 p.m.— 4.00 p.m.	
	<i>Probation Reporting Centre</i> ..	Alternate Wednesdays and alter- nate Thursdays	5.00 p.m.— 6.30 p.m.	
	<i>Welfare Foods</i>	Fridays	2.00 p.m.— 4.00 p.m.	
LUDLOW Cliftonville, Dinham Tel. Ludlow 2566	<i>Ante-Natal</i>	Mondays	1.30 p.m.— 4.30 p.m.	
	<i>Audiology</i>	1st Wednesday	9.30 a.m.—12.30 p.m.	
	<i>Chest</i>	3rd Tuesday	11.00 a.m. onwards	
	<i>Child Welfare</i>	Mondays	1.30 p.m.— 4.30 p.m.	
		{ Mondays	9.30 a.m.—12.00 noon	
			1.30 p.m.— 5.00 p.m.	
	<i>Dental</i>	{ Saturdays	9.00 a.m.—12.00 noon	
			2.00 p.m.	
	<i>District Nurses' Sessions</i> ..	2nd and 4th Wednesday	2.15 p.m.—4.15 p.m.	
	<i>Domestic Help</i>	Monday, Wednesday and Friday	9.30 a.m.—12.00 noon	
	<i>Immunisations</i>	2nd Monday	2.30 p.m.— 4.00 p.m.	
	<i>Mothercraft and Relaxation</i> ..	2nd and 4th Fridays	10.00 a.m.—12.30 p.m.	
	<i>Speech Therapy</i>	Thursday	{ 1.30 p.m.— 5.00 p.m.	
			{ 9.30 a.m.—12.00 noon	
	<i>Welfare Foods</i>	Monday, Wednesday and Friday	2.15 p.m.—4.15 p.m.	
		Saturday	9.30 a.m.—12.00 noon	
LUDLOW East Hamlet Hall	<i>Child Welfare</i>	Thursday	1.30 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	2nd and 4th Thursdays	1.30 p.m.— 4.30 p.m.	
MADELEY Church Street Tel. Ironbridge 3354	<i>Ante-Natal</i>	2nd and 4th Wednesday	1.30 p.m.— 4.30 p.m.	
	<i>Audiology</i>	By arrangement		
	<i>Child Welfare</i>	Wednesday	1.30 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	Tuesdays	9.30 a.m.— 1.00 p.m.	
	<i>Dental</i>	By arrangement		
	<i>General Practitioners' Ante-Natal</i>	Tuesday	2.00 p.m. onwards	
	<i>Immunisations</i>	2nd and 4th Wednesdays	1.30 p.m.— 4.30 p.m.	
	<i>Orthopaedic</i>	2nd and 4th Fridays	9.30 a.m.— 1.00 p.m.	
	<i>Speech Therapy</i>	Thursday	10.00 a.m.—12.30 p.m.	
	<i>Welfare Foods</i>	Wednesdays	2.00 p.m.— 4.30 p.m.	
MARKET DRAYTON Longslow Road Tel. Market Drayton 3234	<i>Ante-Natal</i>	Wednesdays	1.30 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	Wednesdays	{ 10.30 a.m.—12.30 p.m.	
			{ 1.30 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	{ 1st and 3rd Wednesdays	9.30 a.m.—12.30 p.m.	
		{ 3rd Wednesday	1.30 p.m.— 4.30 p.m.	
	<i>Dental</i>	By arrangement		
	<i>Domestic Help</i>	Monday, Wednesday and Friday	2.00 p.m.— 5.00 p.m.	
	<i>Immunisations</i>	2nd and 4th Wednesdays	9.30 a.m.—12.00 noon	
	<i>Probation Reporting Centre</i> ..	{ Alternate Tuesdays	5.00 p.m.— 8.00 p.m.	
		{ 4th Thursdays	4.00 p.m.— 7.00 p.m.	
	<i>Psychiatric</i>	1st, 3rd and 5th Fridays	2.00 p.m. onwards	
	<i>Refraction</i>	By arrangement		

Name and Address of Centre	Sessions			
MARKET DRAYTON (continued)	<i>School</i>	Wednesdays	9.00 a.m.—10.30 a.m.	
	<i>Speech Therapy</i>	Friday	12.00 noon—12.30 p.m.	
			1.45 p.m.— 5.00 p.m.	
	<i>Welfare Foods</i>	Wednesday	10.00 a.m.—12.00 noon	
		Saturday	2.15 p.m.— 4.15 p.m.	
			10.00 a.m.—12.00 noon	
MUCH WENLOCK British Legion Hall	<i>Ante-Natal</i>	4th Tuesday	2.00 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	2nd and 4th Tuesdays	2.00 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	4th Tuesday	3.00 p.m.— 4.00 p.m.	
	<i>Welfare Foods</i>	2nd and 4th Tuesdays	2.00 p.m.— 4.00 p.m.	
NEWPORT Boyne House, Beaumaris Road Tel. Newport 2304	<i>Ante-Natal</i>	Fridays	1.30 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	Fridays	9.30 a.m.—12.30 p.m.	
	<i>Chiropody</i>	1st and 3rd Thursdays	1.30 p.m.— 4.30 p.m.	
	<i>Darby and Joan Club</i>	Thursday afternoons	9.30 a.m.—12.30 p.m.	
	<i>Dental</i>	By arrangement		
	<i>District Nurses' Session</i>	1st and 3rd Tuesdays	2.00 p.m.	
	<i>Domestic Help</i>	Monday, Wednesday and Friday	2.15 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	1st Friday	9.30 a.m.—12.00 noon	
	<i>Mothers' Club</i>	Tuesdays	8.00 p.m.	
	<i>Mothercraft and Relaxation</i>	Tuesdays	2.30 p.m.— 5.00 p.m.	
	<i>Speech Therapy</i>	Wednesdays	10.00 a.m.— 1.00 p.m.	
			2.00 p.m.— 4.15 p.m.	
	<i>Welfare Foods</i>	Fridays	10.30 a.m.—12.30 p.m.	
			2.00 p.m.— 4.30 p.m.	
OAKENGATES Stafford Road Tel. Oakengates 430	<i>Ante-Natal</i>	Fridays	1.30 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	Fridays	10.30 a.m.—12.30 p.m.	
			1.30 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	Fridays	1.30 p.m.— 4.30 p.m.	
	<i>Mothers' Club</i>	4th Wednesday	9.30 a.m.—12.00 noon	
	<i>Mothercraft and Relaxation</i>	Wednesdays	7.30 p.m.— 9.30 p.m.	
		Tuesdays	2.30 p.m.	
		Mondays and Wednesdays	2.15 p.m.— 4.15 p.m.	
	<i>Welfare Foods</i>	Fridays	10.30 a.m.—12.00 noon	
			2.15 p.m.— 4.15 p.m.	
OSWESTRY 28/32 Upper Brook Street Tel. Oswestry 2311	<i>Ante-Natal</i>	Wednesdays	10.30 a.m.—12.30 p.m.	
	<i>Ante-Natal Exercise</i>	Tuesdays	9.00 a.m.— 1.00 p.m.	
	<i>Audiology</i>	By arrangement		
	<i>Child Guidance</i>	Thursday morning and afternoon		
		Friday afternoon		
	<i>Child Welfare</i>	Wednesdays	10.00 a.m.—12.00 noon	
	<i>Chiropody</i>	2nd and 4th Fridays	1.30 p.m.— 4.30 p.m.	
			9.30 a.m.—12.30 p.m.	
	<i>Dental</i>	Fridays	9.30 a.m.—12.30 p.m.	
			1.30 p.m.— 4.30 p.m.	
		Saturdays	9.00 a.m.—12.00 noon	
			and by arrangement	
		Mondays	9.30 a.m.—12.00 noon	
	<i>Domestic Help</i>		1.45 p.m.— 4.00 p.m.	
		Wednesdays and Fridays	9.30 a.m.—12.30 p.m.	
			2.00 p.m.— 4.00 p.m.	
	<i>Group Training Session</i>	Thursdays and Fridays	10.15 a.m.—12.30 p.m.	
			2.00 p.m.— 4.00 p.m.	
	<i>Helping Hand</i>	By arrangement		
	<i>Immunisations</i>	1st and 3rd Wednesdays	9.30 a.m.—12.00 noon	
	<i>Ministry of Health Sessions</i>	Mondays	10.30 a.m. onwards	
	<i>Ophthalmic</i>	Thursdays	9.30 a.m. onwards	
	<i>Orthopaedic</i>	Wednesdays	9.30 a.m.— 1.00 p.m.	
	<i>School</i>	Wednesdays and Fridays	9.00 a.m.—10.30 a.m.	
	<i>Speech Therapy</i>	Tuesdays	10.30 a.m.—12.30 p.m.	
			1.30 p.m.— 4.30 p.m.	
		Tuesdays	10.00 a.m.—12.30 p.m.	
	<i>Welfare Foods</i>	Wednesdays	10.00 a.m.—12.30 p.m.	
			2.00 p.m.— 5.00 p.m.	
		Fridays	10.00 a.m.—12.30 p.m.	
			2.00 p.m.— 4.00 p.m.	
	<i>Welsh Board</i>	Tuesdays	10.30 a.m. onwards	
PONTESBURY Public Hall	<i>Child Welfare</i>	2nd and 4th Tuesdays	2.00 p.m.— 4.30 p.m.	
	<i>Immunisations</i>			
PREES (Higher Heath) Polish Recreation Hut, Site 21	<i>Child Welfare</i>	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.	
SHAWBURY Parish Hall	<i>Child Welfare</i>	Tuesdays	2.00 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	1st and 3rd Wednesdays	2.00 p.m.— 5.00 p.m.	
	<i>Immunisations</i>	2nd and 4th Tuesdays	2.00 p.m.— 4.30 p.m.	
	<i>Welfare Foods</i>	Tuesdays	2.00 p.m.— 4.30 p.m.	
SHIFNAL Curriers Lane	<i>Child Welfare</i>	Mondays	2.00 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	2nd and 4th Mondays	2.00 p.m.— 4.30 p.m.	
	<i>Speech Therapy</i>	Mondays	10.30 a.m.—12.30 p.m.	

Name and Address of Centre	Sessions			
SHREWSBURY (Harlescott) St. Alkmund's Church Hall	Child Welfare Immunisations Welfare Foods	Tuesdays 1st and 3rd Tuesdays Tuesdays	{ { {	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m. 9.30 a.m.—12.00 noon 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
SHREWSBURY (Meole Brace) Peace Memorial Hall	Child Welfare Immunisations Welfare Foods	1st and 3rd Thursdays		2.45 p.m.— 5.00 p.m.
SHREWSBURY (Monkmoor) Abbey Parish Hall Tankerville Street	Child Welfare Immunisations Welfare Foods	1st and 3rd Tuesdays		1.30 p.m.— 4.30 p.m.
SHREWSBURY (Murivance) Health Centre, Murivance. Tel. Shrewsbury 51850	Ante-Natal Ante-Natal Relaxation Child Welfare Family Planning Ante-Natal Gynaecological and Post-Natal Immunisations Mothers' Club School Teenagers Club Welfare Foods	1st, 3rd and 5th Wednesdays 1st, 3rd and 5th Wednesdays Fridays { Mondays 2nd and 4th Mondays 2nd Wednesdays Thursdays from 9.00 a.m. (Mr. Burke) Tuesdays 1st and 3rd Fridays Tuesdays 1st Friday 1st and 3rd Wednesdays Fridays	 { { { { { { 	

Name and Address of Centre	Sessions			
WHITCHURCH (continued)	<i>Domestic Help</i>	{	Wednesdays and Fridays ..	10.15 a.m.—12.30 p.m.
	<i>E.N.T. Outpatients</i>	{	Mondays and Fridays ..	2.15 p.m.— 4.15 p.m.
	<i>Group Training</i>	{	1st and 3rd Thursdays ..	10.30 a.m.— 1.00 p.m.
	<i>Gynaecological Outpatients</i> ..	{	Mondays and Wednesdays ..	10.00 a.m.
		{	Saturdays	9.00 a.m.— 1.00 p.m. (monthly)
	<i>Immunisations</i>	{	1st and 3rd Thursdays ..	1.30 p.m.— 4.30 p.m.
		{		1.45 p.m.— 2.00 p.m.
	<i>M.M.R. Unit</i>	{	1st Friday	(Ante-Natal and school children large X-rays)
		{		2.00 p.m.— 4.00 p.m.
	<i>Probation Reporting Centre</i> ..	{	Thursdays	5.00 p.m.
	<i>Psychiatric</i>	{	2nd Tuesday	7.00 p.m.
		{	2nd and 4th Fridays ..	2.00 p.m.
	<i>Speech Therapy</i>	{	Fridays	10.30 a.m.—12.00 noon
		{		2.00 p.m.— 5.00 p.m.
	<i>Surgical Outpatients</i>	{	Wednesdays	2.00 p.m.— 5.00 p.m.
		{	Thursdays	2.15 p.m.— 4.15 p.m.
	<i>Welfare Foods</i>	{	Fridays	10.15 a.m.—12.30 p.m.
		{		2.15 p.m.— 4.15 p.m.

TABLE X: Housing—Summary of Answers to Questionnaires.

	Atcham R.	Bishop's Castle B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Clun R.	Dawley U.	Drayton R.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R.	Market Drayton U.	Newport U.	Oakengates U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Wenlock B.	Whitchurch U.	
Estimated Population Mid-Year	23,290	1,230	8,150	13,590	2,810	8,680	10,220	9,990	2,320	7,630	6,800	13,450	6,000	4,920	12,780	11,670	19,570	15,500	50,710	15,120	26,170	2,630	11,720	15,020	7,160	
Total number of permanent dwellings in District	7,568	446	2,767	4,330	1,021	3,080	3,368	2,517	792	2,147	2,311	4,377	2,119	1,628	4,496	3,997	5,435	4,026	15,607	4,953	8,392	909	3,338	4,760	2,370	
Total number of permanent dwellings owned by Local Authority	1,158	99	751	498	147	257	1,286	455	119	264	631	461	639	505	1,500	968	1,259	862	4,558	1,954	3,679	315	490	1,506	753	
HOUSING ACT, 1957																										
Houses dealt with in Clearance Areas during the year 1963:																										
(a) Unfit for human habitation included in clearance areas	—	—	—	—	—	—	15	—	—	—	—	—	—	—	9	—	—	—	58	4	—	—	—	—	11	—
(b) Number of houses demolished	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	—	—	—	118	51	22	—	—	—	16	—
Houses by reason of bad arrangement:																										
(a) Included in clearance areas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—
(b) Demolished	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—	—	—	—	—
Houses demolished on land acquired under Section 43(2)	—	—	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other than in Clearance Areas:																										
Houses demolished as a result of formal or informal procedure under Section 16 or 17(1)	20	—	2	—	—	2	6	2	3	—	—	5	18	26	13	—	3	5	2	7	12	—	5	3	—	—
Local Authority owned houses certified unfit by M.O.H.: Number demolished	10	—	1	—	—	—	—	3	—	—	—	—	—	—	—	—	8	—	—	2	—	—	—	—	—	—
Unfit houses included in Unfitness Orders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unfit houses closed:																										
Number of houses closed under Sections 16(4), 17(1) and 35(1)	40	1	16	13	—	1	—	5	—	—	8	14	6	—	2	—	6	11	3	1	2	5	7	43	5	—
Number of houses closed under Sections 17(3) and 26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Parts of buildings closed under Section 18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unfit houses made fit:																										
Houses in which defects were remedied by owner and after informal action by local authority:	23	2	—	—	—	6	—	27	—	—	—	—	2	—	—	50	36	—	—	—	86	2	—	9	—	—
Under Section 9: By Owner	—	—	14	—	—	—	—	—	—	25	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
By Local Authority	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Under Section 16: By Owner	4	—	2	3	—	—	—	3	—	—	2	2	—	—	—	—	—	—	—	—	—	—	3	2	—	—
Under Section 24: By Owner	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unfit houses for temporary accommodation:																										
Retained for temporary accommodation under Section 48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—
Retained for temporary accommodation under Section 17(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Retained for temporary accommodation under Section 46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Licence for temporary accommodation:																										
Number of licences issued under Sections 34 and 53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Purchase of houses by agreement:																										
Number of houses in clearance areas other than those included in confirmed clearance orders or compulsory purchase orders: Number purchased	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Number of houses where defects were remedied after service of formal notices under Public Health Acts:	22	—	2	—	—	—	1	—	—	—	—	—	2	—	—	6	—	—	19	—	—	—	—	—	1	19
(a) By Owners	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) By Local Authorities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Number of unfit defective houses rendered fit by informal action under the Public Health Act	300	2	8	7	—	8	—	70	12	16	17	11	5	102	51	—	36	—	31	11	65	2	3	2	—	—
Estimated number of houses still unfit for human habitation:	500	32	25	230	†	254	403	28	20	120	166	268	142	15	256	250	266	91	150	64	51	20	70	381	†	†
To be dealt with by demolition	—	—	215	153	†	41	734	17	30	60	10	†	184	†	—	1,000	266	300	—	141	†	30	400	90*	†	†
To be dealt with by reconditioning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Overcrowding:																										
Number of houses overcrowded at 31st December, 1963	1	—	—	1	†	†	†	3	1	†	†	—	7	†	107	3	†	—	†	14	—	—	—	—	†	†
Number of overcrowded families rehoused during the year	3	—	—	—	—	—	6	—	—	—	8	—	2	—	7	—	—	—	—	6	—	—	—	—	—	—
Number of temporary housing units occupied on 31st December, 1963: (a) Prefabs.	21	—	10	—	14	20	—	17	—	—	—	—	10	—	82	41	28	—	140	50	—	—	—	40	20	—
(b) Huts	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Houses erected during the year:																										
By Local Authority for:	17	—	4	—	—	—	3	4	—	—	16	—	8	24	11	—	41	—	†	50	241	—	—	80	4	—
(a) Slum clearance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Other purposes	15	19	2	—	—	—	3	—	—	—	26	—	38	—	57	2	41	—	185	—	—	—	—	148	—	—
By private enterprise for:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Slum clearance	213	2	142	79	29	13	104	12	23	20	16	46	25	44	293	75	35	249	224	150	155	19	18	72	11	—
(b) Other purposes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Houses in course of erection:																										
By Local Authority for:	36	—	11	2	—	—	20	15	—	—	24	—	—	11	20	62	20	—	—	—	49	—	—	160	—	—
(a) Slum clearance	8	20	11	16	—	—	16	—	—	—	10	22	36	—	16	—	21	138	156	—	—	—	—	334	—	—
(b) Other purposes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
By private enterprise for:	212	3	48	75	25	11	—	24	—	20	41	35	12	18	236	48	28	65	258	104	144	29	84	63	13	—
(a) Slum clearance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Other purposes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Houses or flats gained from conversion of large houses or buildings into flats or dwellings by:																										
Local Authority	5	—	2	—	3	—	—	—	—	1	5	4	2	2	3	—	—	—	8	4	4	—	—	—	5	—
Private enterprise	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost from conversion of two or more houses into one by Local Authority	1	—	—	3	—	2	—	—	—	—	1	2	—	1	1	—	—	—	3	—	2	—	—	—	4	—
Private enterprise	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-war houses erected from 1st April, 1945, to 31st December, 1963, by:																										
Local Authority	923	51	572	442	88	162	891	260	141	190	454	362	412	357	1,255	647	1,021	547	3,525	1,340	2,176	231	330	968	466	
Private enterprise	988	13	677	418	216	138	602	149	190	133	233	287	283	461	933	415	†	892	2,533	1,036	993	83	284	210	153	
Housing programme for 1964 for:	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slum clearance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—</							

INDEX

	Page		Page
Accidents—ambulance cases	47, 49	Dealers' licences	78
— deaths due to	14, 15, 57, 100, 101	Death-rates	10, 12, 13, 14, 17, 99
— in the home	57	Deaths	9, 12, 13, 14, 99, 100, 101
Acute encephalitis	102	— age groups	15, 101
Acute poliomyelitis	19, 44, 102	— causes of	12, 13, 14, 100, 101
Administration	9	— infant	10, 12, 99
Adulteration—food and drugs	73	— maternal	10, 13
Aged and chronic sick—help for	37, 58, 60, 62	— neo-natal	10, 12, 99
Agency arrangements	29, 36, 37, 103	— perinatal	10, 13
Alcoholics Anonymous	66	Dental care of mothers and young children	26
Aleukaemia	16, 17, 100, 101	Diabetes	14, 39, 100, 101
Ambulance Service	46	Diocesan Associations	25
— ambulance cases	49	Diphtheria	19, 41, 102
— major disasters scheme	46	— immunisation	41
— rail transport	46	District Medical Officers of Health	6, 8
Anaemia	30, 38, 104, 105	District training scheme	28
Analgesics	29, 32	Domestic Help Service	52, 62
Analyses—foods and drugs	73	Domiciliary confinements	29, 30, 34, 103
— milk	73	Drainage and sewerage	82, 91, 95
Ante-natal care	24, 30	Dysentery	19, 102
— clinics	24, 106		
— visits	30, 103	Encephalitis, acute	102
Antigens for immunisation	43	Epileptics and spastics	72
Area—Administrative County	8, 9, 98	Erysipelas	102
— County Districts	8, 98	Evening visitors	58
Attested area	78	Expectant and nursing mothers	24, 26, 61
		Extra nourishment	54
B.C.G. vaccination	53		
Birth control clinics	23	Family Planning Association	23
Birth-rates	10, 11, 17, 18, 99	Fluoridation of water supplies	62
Births	10, 11, 18, 21, 99	Food—inspection and supervision	73
Blind persons	71	Food and Drugs Act, 1955	73
Blood examinations	30	Food poisoning	19, 102
Bronchitis	12, 14, 15, 100, 101		
Brucella abortus	77	Gas/air analgesia	29, 32
Building programme	24, 65	Gastritis, enteritis and diarrhoea	12, 100, 101
		Gonorrhoea	20
Cancer—day and night nursing service	59	Grants to local authorities—housing	80
— death-rates	14, 16, 17, 18	— sewerage	91
— deaths	14, 15, 16, 17, 100, 101	— water supplies	84
— Marie Curie Fund	59		
Capital building programme	24, 65	Haemoglobin—estimation of	30
Care and after-care of sick persons	37, 51, 58, 62	Haemolytic disease of newborn	31
— aged	37, 58, 62	Handicapped persons	72
Care of mothers and young children	21	Health Committee and sub-committees	5, 9
— neglected children	58	Health education	54
— premature infants	21, 39	Health Services—administration	9
— unmarried mothers and their children	25, 26	Health visiting	35, 103
Census report	10	— attachment to medical practitioners	37
Chaddeslode Refuge and Hostel, Shrewsbury	26	Heart disease	14, 15, 100, 101
Channel Islands Milk	75	Hereford Diocesan Association	25
Child guidance	25	Hodgkin's disease	18
Child minders—registration of	70	Home accidents	57
Child welfare centres	24, 106	Home Helps	62
Children—epileptics and spastics	72	Home nursing	37, 103, 104, 105
— home nursing cases	37, 39, 40, 104	Home safety	58
— B.C.G. vaccination of	53	Homes, convalescent	60
Chiropody service	60	— mother and baby	26
Circulatory system—diseases of	14, 100, 101	— nursing	68, 70
Civil Defence	48	Homicide, etc.	100, 101
Clinics—ante-natal and post-natal	24, 106	Hospital and Specialist Services	29, 31, 33, 34, 35, 39, 46, 51, 52, 61, 66, 69
— birth control	23	Hospital car service	47, 49
— venereal diseases	19	Houses for midwives and nurses	28
Cod liver oil	27	Housing	79, 111
Committees—Health	5	Housing Acts, 1936—61	79, 111
— Maternity Liaison	34	Hyperplasia of prostate	100, 101
— Sub-	5, 9	Hypertension with heart disease	14, 100, 101
— Tuberculosis Voluntary Care	54		
— Welfare	9, 71	Illegitimate—births	10, 14, 25, 99
Comparable rates—births	11, 17, 99	— children	25
— deaths	14, 17, 99	— infant deaths	10, 12, 99
Confinements	29, 103	Immunisation—antigens	43
Congenital malformations	12, 14, 100, 101	— Diphtheria	41
Consultant Chest Physician—Report of	51	— Tetanus	43
Convalescence scheme	60	— Whooping Cough	42
Coombs tests	31	Incontinence pads	60
Coronary disease, angina	14, 100, 101	Infantile mortality	10, 12, 17, 18, 99
County Districts—area	8, 9, 98	— rates	10, 12, 17, 18, 99
— medical officers of health	6, 8	Infectious diseases	18, 102
— population	8, 10, 98	Infective and parasitic diseases	100, 101
Crude rates—births	10, 11, 17, 99	Influenza	15, 100, 101
— deaths	10, 14, 17, 99	Injections for home nursing cases	39
		Inspection and supervision of food	73
Dawley New Town	69	Institutional confinements	30, 33
Day nurseries—registration of	70	Iodine 131	74
Deaf persons	72		

	<i>Page</i>
Leukaemia	16, 17, 100, 101
Lichfield Diocesan Association	25
Live births	10, 11, 17, 18, 99
Local Government Act, 1933: Section 111	8
Local Government Act, 1958	84, 91
Local Maternity Liaison Committee	34
Lung cancer	15, 16, 17, 56, 100, 101

Major disasters scheme	46
Malignant neoplasms	14, 16, 100, 101
Mantoux tests	53
Marie Curie Memorial Foundation	59
Mass miniature radiography	52
Maternal mortality	10, 13
Maternity cases—admissions to hospital	30, 33
Maternity co-operation cards	34
Maternity Liaison Committee	34
Maternity medical services	30
Maternity outfits	33
Measles	19, 102
Medical examinations	73
Medical Officers of Health	6, 8
Medical Practitioners (Fees) Regulations, 1948	33
Meningococcal infections	100, 101
Mental Health Act, 1959	65
Mental Health Service	65
— guardianship	69
— mental illness	66
— psychiatric social club	66, 67
— registration of nursing homes	68
— subnormality and severe subnormality	68
— training of staff	66
— training centres	65, 68, 69
Midwifery Service	29, 103
Midwifery Training Scheme	35
Midwives—confinements attended by	30, 103
— housing of	28
— transport for	28
— notice of intention to practise as	29
— relief arrangements	34
Milk—adulteration of	73
— average composition of	74
— in schools	77, 78
— licences	78
— radioactivity	74
— sampling	73, 74, 77, 78, 79
— testing	73
— tuberculous	77
Milk (Special Designations) (Specified Areas) Orders, 1956—60	79
Milk (Special Designation) Regulations, 1960	78
Mixed appointments	6, 8
Moral Welfare Associations	25
Mother and baby homes	26
Mothers and young children—care of	21
Motor transport—Ambulance service	46, 48
— nurses and midwives	28, 48
Motor vehicle accidents	14, 15, 100, 101
Myford House, Horsehay	26

National Assistance Acts, 1948—59	9, 71
National dried milk	27
National Health Service Amendment Acts, 1949 and 1957	47
National Society for Mentally Handicapped Children	70
National statistics	9, 17
Neo-natal cold injury	23
Neo-natal mortality	10, 12, 17, 99
Neoplasms—malignant	14, 16, 100, 101
Nephritis and nephrosis	12, 14, 100, 101
Night helps	58
Non-respiratory tuberculosis	15, 16, 18, 51, 54, 102
Notifications—births	21
— infectious diseases	18, 102
— intention to practise	29
— by midwives	29
N.S.P.C.C.	58
Nurseries and Child Minders Regulation Act, 1948	70
Nursing areas	103
— relief arrangements	34
Nursing equipment—loan of	59
Nursing homes—registration	68, 70
Nursing staff and services	6, 28, 29, 35, 37, 103, 104, 105

	<i>Page</i>
Occupations of home nursing cases	38
Ophthalmia neonatorum	32
Orange juice	27

Paratyphoid	100, 101, 102
Parity in domiciliary confinements	31
Part II Midwifery Training	35
Partially-sighted persons	71
Pasteurised milk licences	78
Perinatal mortality	10, 13
Pethidine	32
Phenylketonuria	23
Pneumonia	12, 14, 15, 102
Poliomyelitis	19, 44, 100, 101, 102
Population—Administrative County	8, 10, 98
— County Districts	8, 10, 98
Post-natal clinics	24, 106
Pre-eclamptic toxæmia	32
Pre-school children—child guidance	25
— dental care	26
Pregnancy, childbirth and abortion—deaths	13, 100, 101
Prematurity	12, 21, 32
Prevention of break-up of families	58
— illness, care and after-care	51
Propaganda—health	54
Properties	28, 106
Prosecutions—food and drugs	73, 74, 75, 76
Psychiatric Social Club	66, 67
Puerperal pyrexia	32, 102

Radiography	52
Radio-telephony	46, 50
Rail transport	46
Rateable value	9
Refuse collection	83
Regional Ambulance competitions	47
Registration—blindness	71
— day nurseries and daily minders	70
— nursing homes	68, 70
Relief arrangements—midwives	34
Respiratory diseases	12, 14, 15, 100, 101
Respiratory tuberculosis—death rates	15, 17
— deaths	15, 16, 18, 54, 100, 101
— notifications	15, 16, 18, 102
— register of cases	53
Rhesus factor	31
Rural Water Supplies and Sewerage Acts, 1944—55	84, 91

Safe driving awards	48
Samaritans	66
Sampling—foods and drugs	73
— milk	74, 77
— sewage effluents	95
Sanitary circumstances of the County	79
Sanitary districts	8, 99, 100, 101
Scarlet fever	19, 102
School children—B.C.G. vaccination of	53
Severn River Board	95
Sewage disposal	82, 91
— effluents	95
Sewerage schemes	91
Shelters	52
Shelton Hospital	61, 66, 67
Smallpox—notifications	19, 102
— vaccination against	40
Smoking and Health	56
“Social” grounds cases	33
Spastics and epileptics	72
Specified areas	79
St. Martin’s Home, Hereford	26
Staff	6, 28, 29, 35, 47, 65, 103
Statistics—vital	9, 10, 17, 99, 100, 101
— tables	10, 48, 98
Sterile immunisation equipment	45
Sterilised milk	78
Stillbirths	10, 11, 13, 17, 21, 99
Subnormality and severe subnormality	68
Suicide	100, 101
Syphilitic disease—deaths	100, 101
— tests for	30, 31
— treatment of	19
Syringe service	45

	<i>Page</i>		<i>Page</i>
Ten Year Development Plan	65	Vaccination—poliomyelitis	44
Tetanus—immunisation against	43	— smallpox	40
Toxaemia of pregnancy	32	— tuberculosis	53
Training—Ambulance Service	47, 48	— yellow fever	45
— District Nurses	28	Vascular lesions of nervous system	14, 100, 101
— Health Visitors	35	Vehicles	28, 46
— Mental Health Staff	66	Venereal Diseases	19, 100, 101
— Midwives	35	Violence—deaths from	100, 101
Training Centres	65, 69	Vital statistics	9, 10, 17, 99, 100, 101
Transferable births	21	Vitamin A and D tablets	27
Transport	28, 46	Voluntary organisations	27, 47, 49, 54, 58, 60, 61, 62, 66, 70
Treatments of home nursing cases	38, 104, 105		
Trilene—administration of	32	Wassermann and Kahn tests	30, 31
Triple antigens	43	Water supplies	81, 84
Tuberculosis—care and after care	51	— fluoridation	62
— care committee	54	Water undertakings	84
— death rates	15, 16, 17	Welfare centres	24, 106
— deaths	15, 16, 18, 51, 100, 101	Welfare foods	27
— extra nourishment	54	Welfare services	9, 71
— immigrants	18, 51	Whooping cough—deaths	42, 100, 101
— notifications	15, 16, 18, 51	— immunisation	42
— registers of cases	54	— notifications	19, 42, 102
— vaccination against	53	Women's Voluntary Services	27, 47, 49, 62
Ulcer of stomach and duodenum	100, 101		
Unmarried mothers and their children	25	Yellow fever—vaccination	45
Urethritis—non-gonococcal	20		